



ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

For the Year 1925.

FRED. E. WYNNE, B.A., M.B., B.Ch., D.P.H.,
Medical Officer of Health.



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City of Sheffield.

HEALTH COMMITTEE

as at December 31st, 1925.

THE LORD MAYOR :
ALDERMAN JOSEPH BENSON.

CHAIRMAN :
COUNCILLOR HAROLD W. JACKSON.

DEPUTY CHAIRMAN :
ALDERMAN HARRY BOLTON.

COUNCILLOR W. ASBURY.	COUNCILLOR J. COBLEY.
„ A. ASHMORE.	„ J. D. COOK.
„ E. ATKIN.	„ MRS. LONGDEN.
„ W. BANCROFT.	„ J. A. LONGDEN.
„ H. E. BRIDGWATER.	„ M. SHEPPARD, M.C.
„ MRS. CHEETHAM.	„ W. TUMMON.
COUNCILLOR S. WARREN.	

SUB-COMMITTEES.

Sanitary Sub-Committee :

COUNCILLOR W. ASBURY.	COUNCILLOR MRS. CHEETHAM.
„ A. ASHMORE.	„ J. COBLEY.
„ E. ATKIN.	„ J. D. COOK.
„ H. E. BRIDGWATER.	„ W. TUMMON.

Smoke Nuisance Sub-Committee :

ALDERMAN H. BOLTON.	COUNCILLOR M. SHEPPARD.
COUNCILLOR W. BANCROFT.	„ W. TUMMON.
„ J. A. LONGDEN.	„ S. WARREN.

Audit Sub-Committee :

COUNCILLOR E. ATKIN.	COUNCILLOR J. A. LONGDEN.
„ J. D. COOK.	„ W. TUMMON.

Maternity and Child Welfare Sub-Committee :

COUNCILLOR W. ASBURY.	COUNCILLOR M. SHEPPARD.
„ A. ASHMORE.	„ W. TUMMON.
„ E. ATKIN.	„ S. WARREN.
„ H. E. BRIDGWATER.	Mrs. J. KAYE.
„ Mrs. CHEETHAM.	„ F. M. MUIR.
„ J. COBLEY.	Miss E. A. HANCOX.
„ Mrs. LONGDEN.	Sister A. BEGG.
„ J. A. LONGDEN.	Mr. J. MOORE.

Tuberculosis Sub-Committee :

COUNCILLOR W. ASBURY.	COUNCILLOR J. A. LONGDEN.
„ E. ATKIN.	„ W. TUMMON.
„ Mrs. CHEETHAM.	„ S. WARREN.
„ „ LONGDEN.	

Also two representatives from the Board of Guardians and two representatives from the Sheffield Insurance Committee.

PUBLIC HEALTH STAFF

as at December 31st, 1925.

Medical Officer of Health, Administrative Tuberculosis Medical Officer, and Chief Sanitary Inspector	FRED. E. WYNNE, B.A., M.B., B.Ch., D.P.H.
Deputy Medical Officer of Health and Tuberculosis Medical Officer	J. RENNIE, M.D., D.P.H.
Assistant Tuberculosis Medical Officers ..	N. KEATING, L.R.C.P., L.R.C.S. J. R. LIDDELL, M.R.C.S., L.R.C.P. J. H. CAMPBELL, M.R.C.S., L.R.C.P. J. M. TYRRELL, M.B., Ch.B. E. R. A. MEREWETHER, M.D., B.S.
Surgical Tuberculosis Medical Officer ..	C. LEE PATTISON, M.B., M.R.C.S.
Assistant Medical Officers for Maternity and Child Welfare (part time) ..	H. LEADER, M.B., M.R.C.S., L.R.C.P. JEAN MARR, M.B., Ch.B. ELLA BREMNER, M.B., Ch.B. ALICE WHITE, M.B., Ch.B., M.R.C.S., L.R.C.P. C. D. HOLDSWORTH, M.D., M.R.C.S. AGNES STEWART MACINTYRE, M.B., Ch.B. A. W. SCOTT, M.D., M.R.C.S. J. BLYTH, M.D., C.M.
Venereal Disease Medical Officers (part time) ..	A. RUPERT HALLAM, M.D., Ch.B. T. B. MOUAT, M.D., Ch.B., F.R.C.S. E. F. SKINNER, M.A., M.B., B.Ch., F.R.C.P., M.R.C.S. J. B. FERGUSON WILSON, M.S., M.B., F.R.C.S., L.R.C.P. J. CHISHOLM, M.B., Ch.B., F.R.C.S. H. LEADER, M.B., M.R.C.S., L.R.C.P.
Chief Veterinary Inspector	J. S. LLOYD, F.R.C.V.S., D.V.S.M.
Assistant Veterinary Inspector	C. H. DUCKSBURY, M.R.C.V.S., D.V.S.M.
City Analyst	J. EVANS, F.I.C., F.C.S.
Superintendent Sanitary Inspectors ..	W. H. HARRISON, M. FAULDER, A. GREEN, A. E. BIRKHEAD, F. J. LOFLEY, W. NICHOLSON (Smoke), J. B. HOWARD (Workshops), C. W. LUCAS (Conver- sion of Privies), G. ABDY (Tuberculosis), F. UNWIN (Meat), F. JOHNSON (Food and Drugs).
Chief Woman Sanitary Inspector ..	Mrs. G. FRANKS.
Disinfecting Station Superintendent ..	W. BOTT.
Principal Statistical and Financial Clerk ..	W. WATSON.
Chief Correspondence and General Clerk ..	W. SWALLOW.
Tuberculosis Clerk	G. F. HALLATT.
Statistics and Accounts Clerk ..	F. O. RIDEOUT.
Maternity and Child Welfare Clerk ..	Miss M. WALKLAND.

GENERAL STATISTICS.

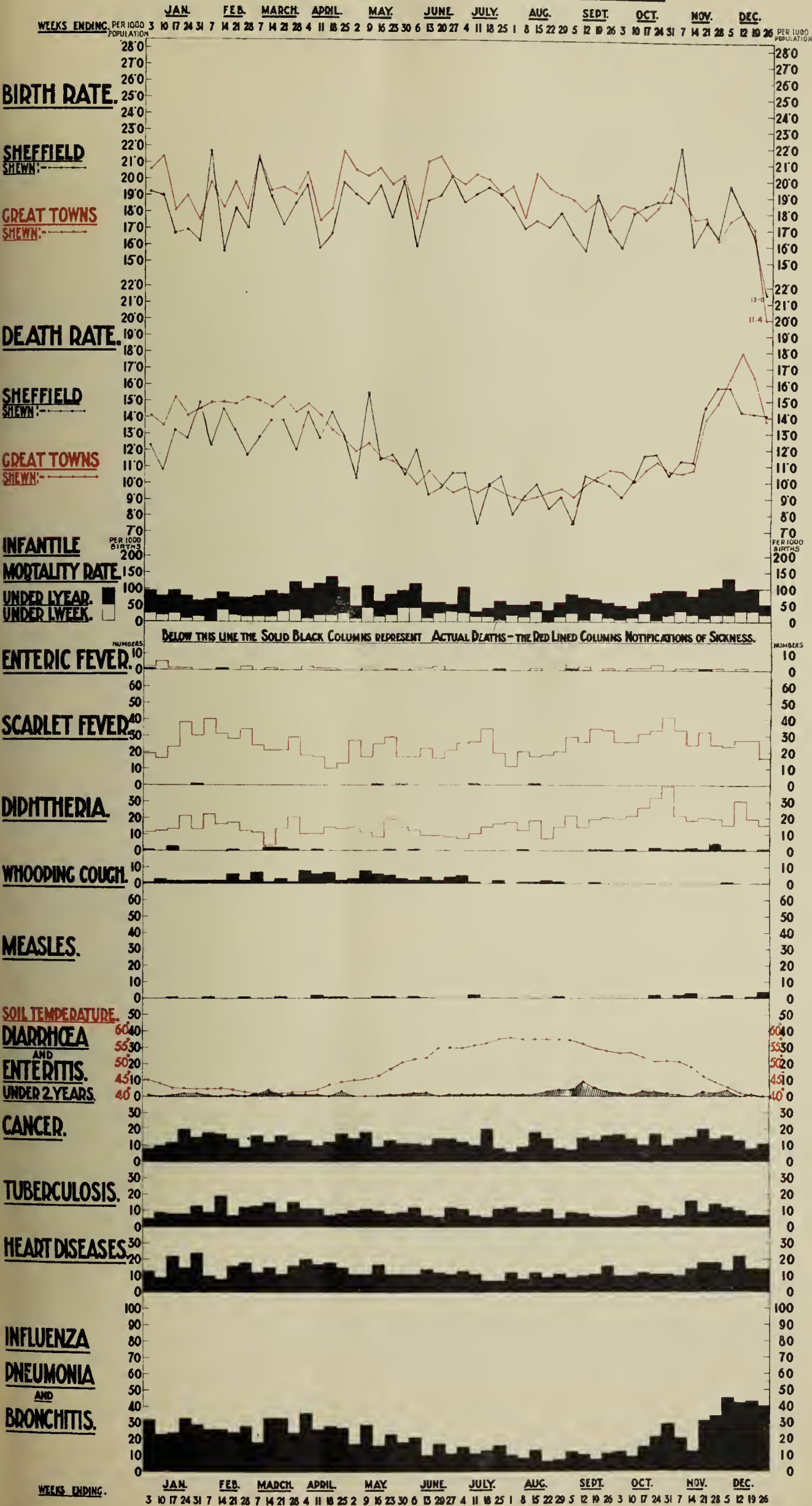
Area (as extended November 9, 1921)	31,616 acres.
Population—1925 mean, as estimated by the Registrar General ..	526,900
Number of Structurally Separate Dwellings at Census 1921 (area as extended)	
In Occupation	109,923
Not in Occupation	2,170
	————— 112,093
Rateable Value (October, 1925)	£2,497,325
Sum represented by a Penny Rate (October, 1925)	£9,732

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total.	Males.	Females.	
Births (Legitimate)	8,981	4,499	4,482	} Birth Rate, 17·7
„ (Illegitimate)	340	175	165	
Deaths	6,078	3,253	2,825	Death Rate, 11·5
Number of women dying in, or in consequence of childbirth—from sepsis ..				21
				from other causes 25
Deaths of Infants under one year of age per 1,000 births :—				
Legitimate .. 84.	Illegitimate .. 109.	Total .. 85.		
Deaths from Measles (all ages)				31
Whooping Cough (all ages)				108
„ Diarrhœa (under 2 years of age)				84

1925. CITY OF SHEFFIELD. 1925.

VITAL AND MORTAL STATISTICS.



TOWN HALL, SHEFFIELD,

SEPTEMBER, 1926.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MR. CHAIRMAN, MESDAMES, AND GENTLEMEN,

I have the honour to present herewith my Report on the Health of the City during 1925.

As will be seen from the figures given in the body of the Report, the result of the year's work has been eminently satisfactory.

The General Death Rate is next to the lowest hitherto recorded, and is again lower than that of England and Wales as a whole.

The Death Rate from almost all the principal causes has been reduced.

Cancer, unfortunately, continues to increase, though at a less rate in Sheffield than in the rest of England and Wales.

The most important event of the year under review from the point of view of Public Health was the occurrence of Small Pox during the last quarter of the year. This disease, in a mild form, has been very prevalent in the country generally during the last five years, and the number of cases in adjoining parts of Derbyshire, Nottingham and Yorkshire has been a constant source of anxiety. A few sporadic cases have occurred in Sheffield in each year since 1921, but owing to the vigilance of medical men in the City and their co-operation with the Public Health Department, and the policy of isolation and vaccination of contacts, the disease did not gain any footing in the City.

In October of this year, however, cases were discovered in unvaccinated children, which were traced to two school boys who had spent their summer holiday in Middlesborough and there contracted the disease. These children returned to Sheffield in an infectious condition and mingled freely with their school fellows and others before the nature of the disease was recognised. The result was an outbreak which caused 44 cases up to December 31st. In comparison to the population of Sheffield and the experiences of other towns the limitation of the outbreak to this comparatively small number is eminently satisfactory. This result is again attributable to the policy of immediate isolation and vaccination of contacts, and the close co-operation of the School Medical Officer's Department.

The beds retained by the Corporation at the Grenoside Hospital by agreement with the Wortley Rural District Council were very soon filled, and it was found necessary to provide other accommodation.

By arrangement with the Education Committee, and with the sanction of the Ministry of Health, certain of the huts at the Redmires Camp were put into commission for this purpose. These huts had been unoccupied for years, and had to be fully equipped with electric light, heating and cooking arrangements, &c. The utmost credit is due to Dr. Egerton Williams for the manner in which this work was carried out, and in a few days these hutments were converted into a hospital that has proved perfectly comfortable and in every respect eminently suitable for the nursing of fever patients.

When the outbreak occurred the cottages in Dart Square, retained by the Corporation for the housing of contacts were in process of re-decoration and repair, and some rooms which had not been used for many years were in an unsatisfactory condition and were the subject of complaint by one family. These defects were however remedied in a few days and no further complaints were made. Compensation for loss of wages, after deduction for the cost of maintenance, was paid in all cases where contacts suffered financially, and the small cost incurred has been more than justified by the results obtained.

All the cases occurred in unvaccinated persons, or adults who had been vaccinated only in infancy. It is not claimed that vaccination confers life-long immunity, and the figures of this outbreak are a further demonstration, if such were needed, of the efficacy of vaccination in protecting against the present mild form of Small Pox as well as against the severe type which used to be prevalent.

It cannot be too widely known that several cases which have occurred in the later stages of this epidemic (during 1926) have been severe cases and seriously ill. While we have been fortunate in having had no fatal cases so far, several of the victims will be scarred and disfigured for life, and have been dangerously ill. I think these cases are sufficient to dispose of the theory that Small Pox in the mild form to which we are now accustomed is a new disease and "always breeds true." The severe cases we have had in Sheffield were infected by typically mild cases, and if the disease persists in this country, I believe there is a definite danger of its resuming the virulent form which was once the most dreaded disease in Western Europe.

Particulars of the outbreak will be found in the body of the Report.

The present report is required by the Ministry of Health to be more than usually a "Survey" of the Health Conditions of the City and the measures taken to prevent and treat disease. Most of the particulars asked for by the Minister are regular features of the Annual Report for Sheffield, but some new items are included in their respective places, and I append a brief survey of topographical, social, and sanitary conditions.

During the year under review important advances have again been made in the administration of the Milk and Dairies (Amendment) Act, 1922.

The work of the Health Department has had to be carried out with a reduced estimate, and the progress that has been made is the more satisfactory.

For the measure of success achieved I have to thank the members of the staff, medical, veterinary, clerical, and inspecting, for their loyal co-operation and very hard work.

I wish also to thank the Committee for their unfailing sympathy and support in the work of the Department.

Your obedient Servant,

FRED. E. WYNNE, B.A., M.B., B.Ch., D.P.H.,

Medical Officer of Health.

GENERAL SURVEY.

TOPOGRAPHICAL.

The city area comprises 31,616 acres, a considerable portion of which is moorland or rural, the rest being highly urbanised and densely populated. On the North-West, West, and South the city boundaries are on the high moorlands of Yorkshire and Derbyshire, where the Millstone Grit reaches an elevation in places to the west of the city of over 1,400 feet. The city is mainly built on the slopes of this Millstone Grit as it descends gently to meet the overlying coal measures on the east.

As the prevailing winds are West and South-West there is no doubt that the proximity of these lofty moorlands has a most beneficial effect on the health of the community, especially since modern means of transport enable every one who cares to do so to escape during their leisure hours from the streets, and enjoy the advantages of some of the wildest and most beautiful moorland districts in England.

These advantages are rendered easily and cheaply accessible to all by an unrivalled system of trams and motor buses, but unfortunately with many, especially of the younger generation, the attractions of the country cannot compete with those of dark and often ill-ventilated "Picture Houses."

The configuration of the area is largely determined by the fact that it covers the confluence of five streams with the River Don. These are the Rivelin, the Loxley, the Porter Brook, the Sheaf, and the Meersbrook. The valleys of these streams are in many parts separated by lofty ridges, so that there is a remarkable variation in the height above sea level of different parts of the city. Houses built on the alluvial soil of the Don valley are generally not more than about 100 feet above sea level, while in several parts of the city dwellings have an elevation above sea level of 1,000 feet. As the upper limit of the "smoke cloud" is about 300 feet, the bearing of this fact on the health of the city will be apparent. As a matter of fact owing to this configuration and the great lessening in the output of industrial smoke which has already been achieved, Sheffield now compares favourably with most industrial towns in the amount of sunshine enjoyed and freedom from dense fogs.

SOCIAL CONDITIONS.

Industrially speaking, Sheffield is of course mainly a metallurgical and engineering community, though in so large a population almost all other industries, with the exception of textiles, are represented. The following Table gives the number of males and females employed in some of the principal industries at the Census of 1921. The figures include those for areas which were added to the city in November of that year.

	MALES.	FEMALES.
Mining and Quarrying	8,925	5
Metal Workers (other than electro plate, &c.) .. .	62,547	5,597
Workers in Precious Metals and Electro-plate .. .	4,393	4,399
Workers in Wood and Furniture .. .	5,540	710
Builders, Bricklayers, &c. .. .	7,553	31
Makers of Electric Appliances, &c. .. .	2,291	65

It will be seen that the number of women employed in these trades is comparatively low, being less than 12 per cent. of the number of men engaged. Women also are not engaged in the dangerous operations which expose men to the effects of siliceous dust, such as grinding, quarrying, stone-cutting, &c. A large number of those engaged in the electro-plating industry are employed as buffers or burnishers, and although these are dusty occupations the dust is not of a dangerous type, and precautions are taken to prevent the workers inhaling it. It cannot be said therefore that the trades most special to Sheffield have any material effect on the health of women employed in them.

Thanks to the Silicosis Regulations and the precautions prescribed for the removal of dangerous dust there is a great improvement in the health of men engaged in these occupations, especially in their death-rate from Tuberculosis, but as will be seen in the body of this report, the death-rate from the latter cause among grinders, cutlers, and others exposed to the risk of silicosis is still materially in excess of the death-rate from Tuberculosis in the general population.

Lead-poisoning and other forms of industrial poisoning are now rare in Sheffield.

Unemployment has of course been exceptionally and severely prevalent in Sheffield during the past five years owing to industrial depression which has borne especially heavily on the principal Sheffield trades, and to the residuum of population who came into Sheffield during the war as munition workers and were left stranded when the tide of this exceptional occupation had receded. At some periods the number of unemployed was approximately 50,000 or practically 10 per cent. of the population, and it has seldom fallen much below 30,000. This has involved much poverty and hardship, which has been felt by all classes, but of course most bitterly by the poorest, by the "unsecured," those who live close to the margin of subsistence and lose everything when they lose their employment.

But the steady decline in the death-rate that has taken place during the same period, and the absence of any great epidemic of any of the diseases so regularly associated with famine in old days, shows that these conditions have not been associated with any serious deterioration in the public health. I attribute this to the fact that while there has been much grievous hardship, actual destitution such as would have existed a generation ago is eliminated under modern conditions. Unemployment Insurance, Poor-law Relief, the arrangements for feeding necessitous school children, and the distribution of food for infants from the Child Welfare Centre, backed by the work of various voluntary and charitable organisations, have combined to prevent the worst physical consequences even of extreme poverty. Also the effect of unemployment on those who are normally employed under more or less unhealthy conditions must be for the time being beneficial to their health, and the enforced reduction in the consumption of alcohol, perhaps even a restricted and more carefully chosen diet, may all make for improved health in individuals. If so, it is an improvement effected at far too high a cost. The effect of prolonged unemployment is inevitably to get a man out of training for his job, and to engender a mental state in which the effort of a return to the routine of hard daily work becomes intolerable to any but the firmest wills. If we could have in the immediate future a general resumption of employment I am convinced we should have also an unheard of loss of time and wages as the result of "industrial fatigue" among men who had got "out of training," and I should confidently and regretfully anticipate seeing this reflected in the sickness rate of the country during the first period of resumption.

POOR LAW RELIEF.

By the Sheffield Union Order, 1925, the former Ecclesall Bierlow and Sheffield Unions, as then constituted were dissolved and were re-constituted the Sheffield Union. The Union embraces the whole of the City area with the exception of parts of the Parishes of Ecclesfield and Bradfield and the Parish of Tinsley, and also includes the Parishes of Dore, Totley, and Beauchief.

Owing to the amalgamation of the two Unions it is not possible to give a comparative statement with regard to Relief during the five years under review, but through the courtesy of the Clerk, Mr. L. Richmond, the following information has been obtained for the year ended 31st March, 1926.

Amount of Relief—	£
To Persons in Institutions belonging to the Sheffield Union	181,996
To Persons in Lunatic Asylums (9 months only)	58,397
Out-door Relief (including Drugs, etc.)	350,878
Total amount of Relief (exclusive of administration charges)	<u>591,271</u>
Beds available in Guardians' Institutions	3,962
Average daily number of Inmates—Guardians' Institutions	2,458
Average daily number of Inmates—Mental Hospitals	1,306
Average number of Persons Relieved—	
Ordinary Out-door Relief	10,079
Emergency Out-door Relief	15,145
Average amount of Out-door Relief per head per week	5s. 3.20d.

PROVISION OF HEALTH SERVICES IN THE AREA.

The following Table shows the Hospitals provided or subsidised by the Local Authority for the prevention and treatment of those diseases with which it is directly concerned. The Table does not include the out-patient provision for Venereal Diseases, which is dealt with elsewhere in this Report.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

Disease treated.	Hospital.	If within area.	How supported.	Miles distant from Centre.	Accommodation.
Tuberculosis	Winter Street ..	Yes	City Council ..	1	106 beds, men, women and children
	Moorend ..	„	„ ..	1½	43 „ women and children
	Crimicar Lane ..	„	„ ..	4	108 „ men and boys
	Nether Edge .. (Poor Law)	„	Subsidised, maintenance charge 30 /- p.w. per case	2	12 „ Girls
	Firvale .. (Poor Law)	„	Subsidised, rental £452 p.a., and maintenance charge 3/5 p.d. per case	2	80 „ children
Fever ..	Lodgemoor ..	„	City Council ..	4½	424 „ men, women and children
	Jessop ..	„	Subsidised, £300 p.a. ..	1	2 „ Puerperal Fever
Small Pox ..	Redmires Camp	„	City Council ..	5	50 „ men, women and children
	Hallwood, Grenoside (Wortley R.D.)	No	Subsidised, £100 p.a., maintenance charge 15/- p.d. per case	4	5 „ men, women and children
Ophthalmia Neonatorum	Royal Infirmary (Voluntary)	Yes	Subsidised, 6/- p.d. per case treated	1	According to requirement

Annual Subscriptions of 50 guineas each are paid by the City Council to the Governors of the following Voluntary Hospitals—Sheffield Royal Infirmary, Sheffield Royal Hospital, and Children's Hospital in respect of treatment provided for cases referred to them by the Staff of the Maternity and Child Welfare Centre.

AMBULANCE FACILITIES.

The ambulance facilities in Sheffield are as follows :—

CITY COUNCIL.—There are three ambulances in connection with the City Fever Hospitals. These are of the Brougham type. The Police also have three motor vans of the Fiat type under their control.

GUARDIANS OF THE POOR.—There are three motor ambulances under the control of the Sheffield Guardians, two 25h.p. Crossleys and one old type 15 h.p. Wolseley.

VOLUNTARY HOSPITALS.—There are six ambulances in connection with the Voluntary Hospitals of the city, four of which are 25 h.p. Daimlers and two are St. John type (Fords).

There are also in connection with the large works of Sheffield a number of privately owned ambulances for works accidents and emergency cases.

CLINICS AND TREATMENT CENTRES.—The Tuberculosis Dispensary is the keystone of the arch of Tuberculosis administration in Sheffield. It is entirely a municipal undertaking. It is very suitably housed in premises in Duchess Road, which are leased from the London, Midland and Scottish Railway Co., and is fully equipped with all modern requirements, including bacteriological laboratory, X-Ray apparatus, &c. Details of the work done here will be found in the body of the Report.

The municipality also maintains a Central Maternity and Child Welfare Clinic in Norfolk Street, with branches at Handsworth and Woodhouse. These are under the administrative control of the Medical Officer of Health and are staffed by General Practitioners working on a part-time basis, and by the Chief Woman Inspector and her assistants.

The following is a *resume* of the work done at the Norfolk Street Centre—

Maternity and Child Welfare Baby Consultations.

	1921	1922	1923	1924	1925
Total attendances during the year	54,078	45,004	42,820	45,529	46,580
Average weekly attendance during the year	1,036	865	823	893	896
Number of sessions during the year (excluding Saturday mornings)	1,454	1,455	1,452	1,450	1,468
Total new babies during the year	4,860	3,794	3,541	3,809	3,841
Average of new babies weekly	93	73	68	75	74
New babies over 1 year	648	425	551	574	465
New babies under 1 year	4,212	3,369	2,990	3,235	3,376

It will be noted that the total attendances fell from 54,078 in 1921 to 42,820 in 1923. This is accounted for by the increase in poverty due to unemployment as the falling off in attendances was altogether due to the reduction in the number of those who came to obtain Dried Milk at cost price. There were unfortunately many people in the city who could not afford this even though the price to the public was reduced.

The increase in the number of attendances since 1923 is the more remarkable when the heavy fall in the number of births is taken into account. It is partly explained by the fact that, as will be seen from the figures given above, the babies are brought at a much earlier period of life. There is also greater continuity of attendance.

It had long been felt that the present premises in Norfolk Street were inadequate, and had been outgrown by the popular demand for the advice and assistance given at the Clinic. Waiting rooms were already overcrowded to a most undesirable extent, and access to the consultation rooms was inconvenient. The building had all the drawbacks consequent on its having been adapted in premises originally built as a private house. Any further expansion of this most important work was in fact impossible under these conditions. It was during 1925 that the Committee were able to obtain a most convenient and desirable site in the centre of the city. The approval of the Ministry to the site and plans and sanction to borrow the money required was obtained. The plans which were prepared by the City Architect provide for a commodious and thoroughly up-to-date building, which will in future provide all the necessary clinical facilities and ample accommodation for all the administrative work of this Department of our public health activities. The plans provide for further extension in future when required, and special provision has been made for our rapidly growing pre-natal work.

The following are some of the voluntary agencies which co-operate with the Department in attempting to promote the welfare of mothers, infants, and young children, with the amounts of the contributions paid by the Corporation.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

The Sheffield Babies' Home, formerly known as the Diocesan Babies' Home (for Protestants), admits expectant unmarried mothers and illegitimate children for payment, the children being admitted at birth and discharged at two years of age.

St. Veronica's Home, in Barnsley Road, which is a Roman Catholic Home, receives unmarried mothers and their infants.

Homeless children are received into the Village Cottage Homes and the Scattered Cottage Homes of the Board of Guardians, and into the Sheffield Branch of Dr. Barnardo's Home. Expectant unmarried mothers are received into the Poor Law Institutions.

The Salvation Army Home, 29, Kenwood Park Road, whose rules are somewhat elastic, are exceedingly kind in taking in various classes of cases, including homeless children.

PROFESSIONAL NURSING IN THE HOME : (a) GENERAL, (b) FOR INFECTIOUS DISEASES, *e.g.*, MEASLES, ETC.

Cases are referred to and professional nursing is done in the homes of the people by the Sheffield Queen Victoria District Nursing Association.

Cases of Measles are visited by the Women Inspectors and practical advice with regard to nursing is given and "home helps" provided if necessary. As far as possible dangerous cases, especially those in overcrowded and unsatisfactory houses are removed to the Isolation Hospital.

The Corporation pays the following grants for the nursing of cases.
£300 per annum to the Sheffield Queen Victoria District Nursing Association.
£50 per annum to the Woodhouse District Nursing Association.
£37 10s. per annum to the Handsworth and Richmond Nursing Association.
£25 per annum to the Intake, Gleadless and Hollinsend Nursing Association.
Also a grant of £300 per annum is made to the Sheffield Babies' Home referred to above.

DAY NURSERY.

The Day Nursery, Edward Street, affiliated with the Association of Day Nurseries, has been formed for taking charge of young children of mothers who are obliged to work away from home, or who are temporarily laid aside by illness.

Infants between the ages of one month and five years are admitted every day (Saturday and Sunday excepted), from 7.30 a.m. to 7 p.m., during which time they are fed and cared for by suitable nurses. A charge of 6d. per day for each child is made towards the cost of food ; if two children are received from the same home a smaller fee is charged.

In the Nursery there are 20 cots and 16 stretchers, and they have accommodation for 45 children. The staff at present consists of Matron and three nurses, who also do the housework, and a Medical Attendant who visits at least once per week.

The babies are weighed and charts are kept containing records of progress. The charts are supplied from the Maternity and Child Welfare Centre.

With the exception of the 6d. per day paid by the mothers and a grant received from the Ministry of Health, the Day Nursery is supported by voluntary contributions.

LOXLEY HOUSE CONVALESCENT HOME.

This home was opened in 1920 under the auspices of the Cripples Aid Association, which had then been in existence for 20 years, and had on their books at the time 1,392 cases.

The home provides accommodation at present for 29 patients. The staff consists of a matron, one fully trained staff nurse, one fully trained night nurse, and two probationers. The Hon. Medical Officer is Dr. C. W. Smith. When possible, parents of patients contribute to the maintenance of the children, and some beds are retained by the Joint Hospitals Council. Two beds are retained by the Health Committee.

The Cripples Aid Association has its own staff of visitors, who keep in touch with all crippled children so that those requiring institutional treatment are known and dealt with as soon as possible.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

The Department also works in cordial co-operation with the local branch of the National Society for the Prevention of Cruelty to Children.

WATER SUPPLY.

Sheffield is exceptionally fortunate among large cities in having ample sources of water within a few miles of its boundaries. These are the head-waters of the streams which flow through the city to join the River Don. Large impounding reservoirs have been formed in the high moorlands adjoining the city area, and a large amount is also received from the Derwent Valley

reservoirs, which are linked to city's supply system by a specially constructed tunnel. Like all upland moorland supplies, the water is extremely soft, and accordingly if untreated is highly plumbo-solvent. In 1888 it was found necessary to correct this by the addition of known quantities of calcium salts (1 to 2 grains per gallon). The unfiltered water has a slightly yellowish tint derived from the peat, but this is completely removed by filtration. The treated water is of exceptional purity and suitable for all domestic and industrial purposes. Owing to the rapid increase of population and buildings, to the large substitution of water closets for privy-middens and earth-closets, and to the provision of baths in all new houses, the consumption of water has increased enormously.

Two new dams are being constructed in the Ewden Valley which when completed will be sufficient to meet all increased demands that can be anticipated for a very long period.

The following figures have been kindly supplied by Mr. W. Terrey, General Manager of the Water Department :—

1. STATUTORY DISTRICT—								1921	1925
Number of houses supplied with W.C.'s								98,825	111,288
,, Baths ,, .. .								24,047	29,304
2. CITY OF SHEFFIELD—									
Number of houses supplied with W.C.'s								95,945	108,014
,, Baths ,, .. .								21,895	27,279
Average daily consumption of water per head of population								18·61 gals.	19·27 gals.

In the outlying parts of the city there are a few farms and cottages which derive their water from wells and springs, and the latter have been found to be in some cases unsatisfactory. Wherever possible the owners have been compelled to connect with the nearest service main of the city water system. A few cases remain in which this is financially impossible owing to distance from the main, or where owing to levels the city supply is not available. Arrangements are being made in such cases to utilise local sources so as to provide an adequate and suitable supply. Registration as retailers of milk will be refused in the case of farms where this is not carried out in reasonable time.

RIVERS AND STREAMS.

The River Don is very grossly polluted on its passage through the town, mainly from industrial sources over which the Local Authority has little control, the responsible authority being the West Riding Rivers Board. There is great need of a more enlightened public opinion in this matter of pollution of rivers and an enormous amount of work to be done.

The pollution of the tributary streams, especially of the Rivelin, Porter and Meersbrook, has been greatly lessened during the last five years as a result of the abolition of privy-middens and cess-pits. In many cases where there were privy-middens the sink-waste drainage of the houses found its way into the adjoining brook, and overflow and soakage from defective cess-pits invariably percolated into the nearest water-course.

DRAINAGE AND SEWERAGE.

The sewerage system of the city is thoroughly efficient. A number of new sewers have been laid to meet the requirements of the scheme for conversion of privy middens. In all cases where the latter work is carried out, defective drains are taken up and re-laid under the supervision of the Health Department. This is causing the gradual disappearance of the old rubble and clay-jointed drains, as well as drains with other defects. All new drains are water tested before being passed.

The Sheffield system of sewage disposal by the method of "activated sludge" combined with the system of bio-eration devised by Mr. Haworth is too well known to require description here. Five years ago only a small experimental tank was in operation, and at present 8 to 10 million gallons are being treated daily. It is anticipated that the whole of the city's sewage will very soon be dealt with on this principle.

MILK SUPPLY.

The quantity of fresh cow's milk coming into the city daily was recently estimated at 20,350 gallons, which provides for an average daily consumption of 0·039 of a gallon—slightly less than one-third of a pint—per head of the population.

The source of the supply was as follows :—

(1) Produced within the city area	..	..	..	..	..	GALLONS.	5,220
(2) Produced outside the city area—							
(a) Brought in by rail—						GALLONS.	
From Yorkshire farms	..	..	..	..	..	202	
„ Derbyshire farms	..	..	..	..	..	5,932	
„ Nottinghamshire farms	..	..	..	..	..	288	
„ Scottish farms	..	..	..	..	..	98	
						—	
Total by rail	..	..	..				6,520
(b) Brought in by road—							
From Derbyshire farms by motor vans	..	..	..			1,752	
„ farms in vicinity of city by floats, etc.	..	..	..			6,858	
						—	
Total by road	..	..	..				8,610
						—	
Total produced outside the City area	..	..					15,130
							—
						Total supply	20,350

FOOD AND DRUGS ACTS.

Work in connection with the administration of these Acts has materially increased during the past five years with very satisfactory results. As will be seen from the following Table, in spite of the large increase in the population, the number of samples taken per 1,000 of population has increased, while the percentage of samples found to be adulterated has been reduced. During 1924 and 1925 this percentage has been less than that for England and Wales, which suggests that the activities of our inspectors are bearing valuable fruit in this very important branch of Public Health work :—

FOOD AND DRUGS SAMPLES (*formal and informal*) purchased in Sheffield for Analysis, together with the Results of Analyses, during years 1921, 1922, 1923, 1924, and 1925.

Article.	1921.		1922.		1923.		1924.		1925.	
	Genuine.	Adulterated.	Genuine.	Adulterated.	Genuine.	Adulterated.	Genuine.	Adulterated.	Genuine.	Adulterated.
Milk	692	44	616	36	650	37	789	31	865	50
Cream	4	7	5	3	14	8	17	5	15	—
Condensed Milk	1	—	1	—	3	—	3	—	5	—
Butter	40	1	70	5	70	—	107	—	92	1
Margarine ..	19	—	29	—	6	—	8	—	7	—
Cheese	5	1	—	—	5	—	17	—	6	—
Flour	9	—	1	—	5	1	13	—	5	—
Vinegar	13	2	3	2	3	3	14	3	16	8
Spirits	—	—	86	18	29	11	24	2	20	1
Drugs	50	8	49	14	51	4	46	7	30	3
Miscellaneous ..	39	3	48	2	83	9	36	4	39	—
Totals	872	66	908	80	919	73	1074	52	1100	63
	938		988		992		1126		1163	
Number of Samples per 1,000 population ..	1.8		1.9		1.9		2.1		2.2	
Percentage Adulterated—										
Sheffield	7.0		8.1		7.4		4.6		5.4	
England & Wales	6.7		6.2		6.1		5.9		6.5	

Details of the quality of the milk and the steps taken to protect it will be found in the reports of the City Analyst and the Chief Veterinary Inspector.

Information under the other headings specified in Circular 648 of the Ministry of Health will be found in the body of the Report.

VITAL AND MORTAL STATISTICS.

SPECIAL FEATURES.—The General Death Rate was next to the lowest on record, the actual lowest being 1923. The very low mortality rates from Scarlet Fever and Tuberculosis constituted new records. The mortality rate from Cancer again rose, the figure being 95 per cent. above that recorded 25 years ago (quinquennium 1898-1902), but is still below the England and Wales figure. The Infant Mortality rate was next to the lowest on record, which was in the year 1922.

AREA.—The area of the City as extended 9th November, 1921, is 31,616 acres.

POPULATION.—The Registrar General's estimate of the population of Sheffield at the middle of 1925 was 526,900 for death rate and 527,100 for birth rate. The former assumes a net increase of population during the period June, 1924, to June, 1925, of 1,900. The natural increase, *i.e.*, the excess of births over deaths, from June, 1924, to June, 1925, was 3,731, which is 1,831 more than the increase allowed in the Registrar General's estimate. The paragraph in the Memorandum of the Registrar General dealing with the matter reads as follows :—

“ The estimates of population as at 30th June, 1925, which are now provided have been based on the adjusted 1921 figures, after allowance for the varying rate of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information such as the changes in the numbers on the Electoral Register and the migration returns obtained by the Board of Trade, and are supplied only for use in Vital Statistics.”

The adjusted 1921 figures referred to in the preceding Memorandum are given in the middle column below :—

	Population at Census 19th June, 1921.	Estimated Mid-year Population adjusted for holiday movement at Census.	Difference representing re-distribution adjustment (principally).
Sheffield as constituted before			
9th November, 1921 ..	490,639	.. 497,900	.. 7,261
Sheffield as constituted on 9th			
November, 1921	511,668	.. 519,239	.. 7,571
Area added to City, 9th			
November, 1921	21,029	21,339	.. 310

With regard to the figures showing the distribution of population in Registration Sub-Districts and Sections, which appear in Table V., the estimates have been based upon the 1921 Census, with certain additions in respect of new houses erected in these areas since 1921.

SEX AND AGE DISTRIBUTION.—The following Table, which is taken from the 1921 Census reports, is reproduced in order to show the age and sex distribution of the population of the City and the change which has taken place during the 10 years between 1911 and 1921.

TABLE A.—*Censuses 1911 and 1921. Percentage of each sex in quinquennial age groups.*

Ages.	1911.		1921.	
	Percentages.		Percentages.	
	Males.	Females.	Males.	Females.
0—4	12.0	11.8	—10.0	—9.3
5—9	11.0	10.7	—10.1	—9.8
10—14	10.0	9.9	+10.4	+10.3
15—19	9.2	9.4	+9.4	+9.7
20—24	8.2	8.6	—8.0	+8.9
25—29	8.7	8.8	—7.7	—8.2
30—34	8.6	8.3	—7.1	—7.3
35—39	7.9	7.4	—7.4	—7.3
40—44	6.4	6.0	+7.2	+6.9
45—49	5.2	5.0	+6.7	+6.1
50—54	4.1	4.1	+5.3	+4.8
55—59	3.2	3.2	+4.0	+3.7
60—64	2.4	2.5	+2.8	+2.9
65—69	1.6	1.9	+2.0	+2.2
70—74	0.9	1.2	+1.1	+1.4
75—79	0.4	0.6	+0.6	+0.8
80—84	0.2	0.3	=0.2	=0.3
85—89	0.0	0.1	=0.0	=0.1
90—94	0.0	0.0	=0.0	=0.0
95 and over	0.0	0.0	=0.0	=0.0

The signs +, —, and = show the comparison with 1911 figures—higher, lower, or equal.

MARRIAGES.—The marriage rate was 15.1, the same as that for 1924. It was pointed out in the Annual Report for 1921 that for the first time on record the marriage rate was less in Sheffield than in England and Wales as a whole. The disparity was further accentuated in 1922, when the rate fell to 14.4 as compared with 15.7 for England and Wales. Sheffield's rate for 1922, moreover, was the lowest recorded for the City, whilst that for England had been lower than in 1922 in 17 of the 33 years shown in the table. The rate for 1923 was the same for Sheffield as for England and Wales; in 1924 it was only 0.2 below that for England and Wales; and in 1925 it was 0.1 below that for England and Wales.

Table III. gives marriages and rates for Sheffield and for England since 1890.

BIRTHS.—The number of births registered during the year was 9,461, and the transferable births numbered 78 inwards and 218 outwards. The number of births allocated to Sheffield, therefore, was 9,321, which was less than in the preceding year by 391. The annual birth rate was 17.7 per 1,000 persons living, calculated upon a population of 527,100 (Registrar General's estimate for purpose of birth rate). The average rate for the previous ten years was 22.1. Owing to the doubt about the accuracy of population estimates for the years 1915 to 1921, the actual number of births are given in the following table for the years 1915 onward, together with the birth rates:—

Year.		Births.		Rate per 1,000.
1915	....	12,139	....	25.5
1916	....	12,063	....	23.8
1917	....	11,026	....	21.1
1918	....	10,746	....	20.6
1919	....	10,353	....	21.0
1920	....	13,130	....	26.6
1921	....	11,907	....	23.8
1922	....	10,804	....	20.7
1923	....	10,195	....	19.4
1924	....	9,712	....	18.5
Average 1915-24	....	11,208	....	22.1
1925	....	9,321	....	17.7

The birth-rate for 1925 is 4.4 lower than the average for the last decade, and is the lowest ever recorded.

DEATHS.—The number of deaths of Sheffield residents during the year among the civil population was 6,078 (3,253 male, 2,825 female), making a death rate of 11·535 per 1,000 living (standardized, 12·0). Sheffield established a fresh record for low death rate for five successive years to 1923, when the rate fell to 11·469. The rate for 1924 came between the figures for 1922 and 1923; and that for 1925 almost equalled the record figure for 1923. The average death rate for the decade 1915-1924 was 14·3. For the reason stated above, the actual number of deaths are given in the following table, which embraces the War years :—

Year.	Deaths.	Rate per 1,000.
1915	8,173	17·2
1916	7,262	15·6
1917	6,892	14·7
1918	9,732	20·9
1919	6,564	13·9
1920	6,622	13·4
1921	6,284	12·5
1922	6,097	11·7
1923	6,012	11·5
1924	6,110	11·6
Average 1915-24	6,975	14·3
1925	6,078	11·5

A comparison of the death rate of Sheffield with that of England and Wales in quinquennia is given in the following table. It will be noted that for the years 1921-5 Sheffield's rate is below that for England and Wales. The lower mortality in Sheffield from Diphtheria, Influenza and Cancer accounts for this to some extent.

Quinquennial Periods.	Mean Annual Mortality Rate per 1,000 of the population.					
	Sheffield.				England.	
1871-1875	26·8	22·0
1876-1880	24·2	20·8
1881-1885	21·6	19·4
1886-1890	22·1	18·9
1891-1895	20·9	18·7
1896-1900	20·6	17·7
1901-1905	18·2	16·1
1906-1910	16·4	14·7
1911-1915	15·9	14·3
1916-1920	15·7	14·4
1921-1925	11·8	12·2

SMALL-POX.—There were 44 cases of Small-Pox notified during the year, none of which were fatal.

The outbreak of Small-Pox in Sheffield during the last quarter of the year has now been definitely traced to two boys who spent their summer holiday at Middlesborough, where Small-Pox was rife.

One of these boys became ill about July 15th and developed a rash which was undoubtedly Small-Pox. He was visited by his brother who was also staying at Middlesborough at a different address. Both boys returned to Sheffield on July 25th. On July 30th the second boy also became ill and developed a rash. Both these cases were regarded by the parents as Chicken-Pox and no doctor was called in. Both boys were unvaccinated. Another boy also unvaccinated was in contact with these cases from August 3rd. He was also unvaccinated, became ill and developed a rash on August 18th. This was also regarded as Chicken-Pox and no doctor was called in. This boy returned to school while the rash was still fully developed on August 24th. He was also visited by a young woman who had been vaccinated in infancy and developed the disease in so modified a form that although seen by a doctor the diagnosis of Small-Pox was not made.

A suspicious case occurring in the school referred to above was reported to me by the School Medical Officer on October 6th, and on visiting I found the child to be suffering from Small-Pox. On the same day I found that two brothers of the young woman above mentioned were also suffering from Small-Pox.

All the cases that have since arisen have been directly traceable to these cases.

SMALL POX.

TABLE B.—CASES NOTIFIED FROM OCTOBER 6TH TO DECEMBER 31ST, 1925.

The following patients were treated at Hallwood Sanatorium, Grenoside :—

Name and Address of Patient.	Age.	Sex.	Whether Vaccinated (if so, how long ago).	Date of appearance of rash.	Place of Occupation or School.	Number of Contacts.	Disposal of Contacts.	Whether Contacts Vaccinated.
V.B., 173, Upwell-st.	8	F.	Not vaccinated	Oct. 2	Owler Lane Council School	5—M.41 F.38 M.14 M.6 M.1.9/12	Dart Square Cottages	Yes " " " "
B.S., 261, Solly-st. . .	11	M.	Do.	Sept. 30	Red Hill School	7—M.48	Do.	"
W.S.	19	M.	Do.	Oct. 3	Spoon and Fork Filer, Long, Bridge-st.	F.44 F.25 F.23 F.21 M.17 F.14	Do.	" " " " " "
M.D., 144, Skinnerthorpe-rd.	8	F.	Do.	Oct. 3	Owler Lane Council School	7—M.45 F.44 M.18 F.14 M.45 F.7 M.7	Do.	" " " " " " "
L.E., 21, Birdwell-rd.	12	F.	Do.	Oct. 5	Do.	3—M.32 F.32 F.2	Do.	" " "
V.L., 103, Wade-st. . .	7. 9/12	F.	Do.	Oct. 5	Do.	7—M.31 F.32 F.7 mths. M.33 M.8 F.6 F.4	Do.	" " " " " No* Yes
M.S., 48, Fairbank-rd.	12	F.	Do.	Oct. 4	Do.	4—M.35 F.36 F.4 F.9 mths.	Do.	" " " "
B.E., 73, Bolsover-rd.	30	F.	Do.	Oct. 12	Housewife . .	2—M.30 F.25	Do.	" "
Mrs. B., 177, West-st.	30	F.	Do.	Oct. 5	Housewife . .	2—M.31 F.59	Dart Square Cottages	Yes " "

* Sufficiently protected.

Name and Address of Patient.	Age.	Sex.	Whether Vaccinated (if so, how long ago).	Date of appearance of rash.	Place of Occupation or School.	Number of Contacts.	Disposal of Contacts.	Whether Contacts Vaccinated.
H.H., 42, Cyclops-st.	10	M.	Not vaccinated	Oct. 11	Grimesthorpe Council School	6—M.53 F.52 M.22 M.18 M.16 F.14	Dart Square Cottages	Yes " " " " "
F.H., 111, Popple-st.	7	M.	Do.	Oct. 9	Owler Lane Council School	4—F.35 M.26 F.25 M.1-2 /12	Do.	" " " "
†R.B., 173, Upwell-st.	1½	M.	?	Oct. 13				"
‡G.S., 261, Solly-st. . .	17	M.	Not vaccinated	Oct. 13				"
M.S., 28, Hamilton-rd.	11	F.	Do.	Oct. 20	Owler Lane Council School	2—M.38 F.36	Do.	" "
||H.M., 148, Phillimore road	22	M.	Vaccinated in infancy	Oct. 10	Sheffield Chemical Works, Rotherham	1—M.60	Do.	"
V.S., 191, Don-rd. . .	7	F.	?	Oct. 20	Owler Lane Council School	6—M.47 F.41 M.22 F.19 M.15 F.11	Do.	¶No Refused Yes ¶No Yes "
D.R., 24, Holywell-rd.	7	F.	Not vaccinated	Oct. 21	Do.	9—M.41 F.34 M.8 F.4 F.2 F.10 mths. M.25 M.52 F.33	Do.	" " " " " " " " "
K.H., 112, Robey-st.	7	F.	Do.	Oct. 21	Do.	3—M.31 F.27 F.5	Do.	" " "
D.H., 9, Botham-ter., Grimesthorpe	9	F.	Not vaccinated	Oct. 23	Grimesthorpe Council School	3—M.39 F.30 M.7	Do.	" " "

† Discovered in Dart Square Cottages, among Contacts, October 13th, 1925.

‡ Admitted into Dart Square Cottages as a Contact, subsequently developed Small Pox.

|| This Patient was admitted into Kimberworth Small Pox Hospital.

¶ Vaccinated prior to discharge from Cottages.

ERRATA.

- p. 22. R.B., 173, Upwell-st., col. 4, for “?” read “Vaccinated while incubating the disease.”
- p. 22. V.S., 191, Don-rd., col. 4, for “?” read “Unsuccessfully vaccinated while incubating the Disease.”
- p. 24. C.S., 66, Cyclops-st., col. 4, for “Vaccinated in infancy” read “Not vaccinated.”

Name and Address of Patient.	Age.	Sex.	Whether Vaccinated (if so, how long ago).	Date of appearance of rash.	Place of Occupation or School.	Number of Contacts.	Disposal of Contacts.	Whether Contacts Vaccinated.
E.F., 177, Owler-lane	8	F.	Not vaccinated	Oct. 24	Owler Lane Council School	6—M.39 F.38 M.18 F.14 F.12 M.11	Dart Square Cottages	Yes " " " " "
W.H., 72, Wade-st. . .	10	F.	Do.	Oct. 25	Do.	6—F.38 F.15 M.13 M.6 M.29 F.31	Do.	" " " *No Yes "
W.P., 49, Wansfell-rd.	56	M.	Vaccinated in infancy	Oct. 25	J. Brown's (Motor tentor)	2—F59 M.84	Do.	" "
A.U., 36, Upwell-st. . .	12	F.	Not vaccinated	Oct. 25	Grimesthorpe Council School	3—M.47 F.42 M.14	Do.	" " "
R.C., 362a, Petre-st. . .	8	F.	Do.	Oct. 25	Do.	6—M.43 F.36 F.7 M.4 M.2 F.3 mths.	Do.	" " " " " "
A.H., 360c, Petre-st. . .	8	F.	Do.	Oct. 25	Do.	5—M.33 F.29 M.8 F.7 F.3	Do.	" " " " "
§D.L., 11, Lloyd-st. . .	8	F.	Do.	Oct. 23	Owler Lane Council School	4—M. F. M.5 M.61	Do.	" " " "
§C.I., 10, Longley-ave.	10	F.	Do.	Oct. 24	Firshill Council School	4—M.11 M.31 F.34 F.25	Do.	" " " "
§K.M., 85, Botham-st.	8	F.	Do.	Oct. 26	Grimesthorpe Council School	5—M.41 F.43 M.11 F.7 M.5	Do.	Yes " " " "
§F.A., 87, Page Hall-rd.	9	F.	Do.	Oct. 27	Owler Lane Council School	6—M.41 F.41 F.15 M.5 F.5 mths. M.19	Do.	" " " *No Yes "

* Sufficiently protected.

§ These cases were treated at Redmires Camp Hospital.

Name and Address of Patient.	Age.	Sex.	Whether Vaccinated (if so, how long ago).	Date of appearance of rash.	Place of Occupation or School.	Number of Contacts.	Disposal of Contacts.	Whether Contact Vaccinated.
§V.D., 32, Upwell-lane	8	F.	Not vaccinated	Oct. 28	Owler Lane Council School	5—M.41 F.31 F.7 M.4 M.1½	Dart Square Cottages	Yes " " " "
§D.B., 44, Lloyd-st. . .	3	F.	Do.	Oct. 26		3—M.29 F.30 F.8	Do.	" " "
§E.F., 5/7, Upwell-st.	8	F.	Do.	Oct. 30	Grimesthorpe Council School	4—M.28 F.27 F.5 F.9 mths.	Do.	" " *No *No
§M.R., 33, Holywell-rd.	38	F.	Vaccinated in infancy	Nov. 14	Housewife . .	3—M.37 F.8 F.63	Do.	Yes " "
§Mrs. S., 66, Cyclops-st.	35	F.	Not vaccinated	Nov. 21	Do.	2—M.35 F.8	Do.	" "
§C.S., 66, Cyclops-st.	5	M.	Vaccinated in infancy	Nov. 21	Grimesthorpe Council School	2—M.35 F.8	Do.	" "
§A.Hy.C., 55, Robey-st	43	M.	Do.	Nov. 16		4—F.41 M.'5 F.11 M.11	Do.	" " " "
§L.T., 7/3, Summer-st.	63	F.	Not vaccinated	Nov. 27		4—F.55 M.31 M.27 M.22	Do.	" " " "
§W.B., 46, Belmoor-rd.	39	M.	Vaccinated in infancy	Nov. 23	Painter, Corporation sewage wks.	5—F.38 M.16 F.11 F.8 F.4	Do.	" " " " "
§Mrs. H. S., 53, Cravens-rd.	67	F.	Do.	Dec. 7	Housewife	4—F.27 M.26 F.3 F.45	Do.	" " " "
§G.H., 38, Belmoor-rd.	56	M.	Do.	Dec. 9	Burrows & Co., Coleridge-rd.	3—F.52 M.68 M.33	Do.	" " "
§F.P., 28, Addison-rd.	45	M.	Do.	Dec. 18	Pattern maker, Hadfields East Hecla Works	6—F.43 M.16 M.13 M.11 F.4 M3	Do.	" " " "
§Mrs. E. L., 20, Shirley-rd.	57	F.	Do.	Dec. 13	Housewife . .	4—M.56	Do.	"
§C.L.	15	F.	Not vaccinated	Dec. 23	Home duties	M.22		"
§W.L.	13	F.	Do.	Dec. 30	Firshill School	M.9 M.13		"

* Sufficiently protected.

§ These cases were treated at Redmires Camp Hospital.

MEASLES.—The number of cases notified voluntarily during 1925 was 220, 31 of which were removed to the City Hospital, Lodge Moor.

The mortality rate for the year was 0·06, 0·16 below the rate for 1924. The average rate for the five years 1920-24 was 0·17 per annum.

SCARLET FEVER AND DIPHTHERIA.—The death rate from Scarlet Fever was 0·01 per 1,000 of the population, which has to be compared with an average annual rate of 0·03 for the quinquennium 1920-1924, and the attack rate was 2·4 per 1,000, as against 2·3 for the quinquennium 1920-1924.

The death rate from Diphtheria was 0·06 per 1,000 of the population. This has to be compared with an average of 0·05 during the quinquennium 1920-24. The attack rate during 1925 was 1·56 as compared with 0·98 for 1924 and 1·15 for the quinquennium 1920-24.

Figures are given which were got out for the first time in 1923 and repeated in 1924 to show the relation between these diseases and domestic accommodation. They are given in Table C, on page 26. For this purpose households have been grouped in three classes, viz., those with less than one person per room, those with one or two persons per room, and those with more than two persons per room.

Taking the figures for the population in *houses attacked* in each of these categories, we do not find the relation that might have been expected between the incidence of these diseases and overcrowding. The attack rate, in fact, declines as the number of persons per room increases.

To limit the calculation of the rate of incidence to the population in *houses attacked*, however, not only reduces the figures to a total on which it is unsafe to base general conclusions, but gives an undue predominance to certain factors of probable error. For instance, the evil effects of overcrowding may be to some extent counterbalanced by a greater willingness among the poorer classes of the community to agree to removal to the Isolation Hospital.

I have accordingly had an estimate made of the *total population* of those living under the same three categories, and calculated the attack rate in these populations. The figures in the table show that calculated on this basis the incidence of both diseases increases with domestic congestion. Such congestion, therefore, does appear to increase the incidence of these diseases, although it is a less potent factor than might have been expected in promoting their spread among the population invaded.

These considerations involve some very important problems in connection with the whole question of infectivity, and our Sheffield figures must be collated with similar figures from other large areas before any attempt can be made at interpretation of what at first may seem to be somewhat discrepant results.

WHOOPIING COUGH.—The mortality from this disease was at the rate of 0·21 per 1,000 living. The average for the quinquennium 1920-1924 was 0·14.

TYPHOID FEVER.—The death rate from Typhoid Fever gradually declined from 0·09 in 1912 to 0·002 in 1919, and in 1920 not a single death was attributed to this disease. In 1921, however, there were six deaths, giving a rate of 0·012. Two out of the six were Handsworth deaths occurring in November, 1921. In 1922 there were four deaths in the City, giving a rate of 0·008; in 1923 eight, giving a rate of 0·015; in 1924 ten, giving a rate of 0·019 per 1,000 of the population, and in 1925 eight, giving a rate of 0·015.

The number of Typhoid cases notified during the year 1924 was 40, giving an attack rate of 0·08 per 1,000 living, which is equal with the average for the quinquennium 1920-24.

At one time we looked forward with absolute certainty to the increase of Typhoid Fever in the Autumn. Since 1914 there has been no autumnal increase in the prevalence of Typhoid Fever. During September, October, and November, 1923, however, 18 new cases were notified and this was made the occasion for a special report to the Ministry of Health. The number of new cases reported in 1924 was three in excess of 1923, but the cases were fairly evenly distributed over the whole year. In 1925 the cases numbered 40, and these again were distributed over the year.

TABLE C.—Scarlet Fever and Diphtheria, Sheffield. Incidence under Different Housing Conditions in Invaded Households and Total Households ; also case Fatality among Home-treated and Hospital-treated Cases, during years 1923, 1924 and 1925.

HOUSEHOLDS.	Total Occupants.		Cases Under 15 Years of Age.	Attack Rate.		Cases Treated at Home.			Cases Removed to Hospital.				
	All Ages.	Under 15 Years of Age.		Per 1,000 at all Ages.	Per 1,000 under 15.	Cases.	Deaths.	Percent- age Case Fatality.	Cases.	Deaths.	Percent- age Case Fatality.		
SCARLET FEVER.													
Invaded Households with less than 1 person per room ..	{ 1923..1324 1924..1081 1925..1198	{ 636 422 443	{ 342 281 312	{ 1923.. 258 1924.. 260 1925.. 260 { 1923.. 2.35 1924.. 1.93 1925.. 2.14	{ 538 666 704 ..	{ 89 76 91 ..	{	{ 253 205 221 ..	{ 1 .. 1 ..	{ 0.4 .. 0.5 ..			
Total Households with ditto	145,724	..	..	..	..	..	..	..	..	..
Invaded Households with 1 or 2 persons per room ..	{ 1923..3694 1924..3233 1925..3166	{ 1784 1427 1390	{ 700 610 602	{ 1923.. 189 1924.. 189 1925.. 190 { 1923.. 2.90 1924.. 2.21 1925.. 2.18	{ 392 427 433 ..	{ 44 27 26 ..	{ 1	{ 656 583 576 ..	{ 8 3 2 ..	{ 1.2 0.5 0.3 ..			
Total Households with ditto	275,938	..	..	..	..	..	..	..	..	..
Invaded Households with more than 2 persons per room ..	{ 1923..1279 1924..1232 1925..1114	{ 677 638 561	{ 186 180 162	{ 1923.. 145 1924.. 146 1925.. 145 { 1923.. 3.22 1924.. 3.12 1925.. 2.81	{ 275 282 289 ..	{ 1 2	{	{ 185 178 162 ..	{ .. 2	{ .. 1.1			
Total Households with ditto	57,738	..	..	..	..	..	..	..	..	..
DIPHTHERIA.													
Invaded Households with less than 1 person per room ..	{ 1923.. 367 1924.. 177 1925.. 499	{ 147 66 192	{ 91 46 131	{ 1923.. 248 1924.. 260 1925.. 262 { 1923.. 0.62 1924.. 0.32 1925.. 0.90	{ 619 697 682 ..	{ 19 10 28 ..	{ 1 .. 2 ..	{ 72 36 103 ..	{ 2 3 5 ..	{ 2.8 8.3 4.9 ..			
Total Households with ditto	145,724	..	..	..	..	..	..	..	..	..
Invaded Households with 1 or 2 persons per room ..	{ 1923..1302 1924..1124 1925..1761	{ 615 495 816	{ 232 206 327	{ 1923.. 178 1924.. 183 1925.. 186 { 1923.. 0.84 1924.. 0.75 1925.. 1.19	{ 377 416 401 ..	{ 11 18 15 ..	{ 2 3	{ 221 188 312 ..	{ 6 8 12 ..	{ 2.7 4.3 3.8 ..			
Total Households with ditto	275,938	..	..	..	..	..	..	..	..	..
Invaded Households with more than 2 persons per room ..	{ 1923.. 492 1924.. 671 1925.. 993	{ 264 349 537	{ 67 93 134	{ 1923.. 136 1924.. 139 1925.. 135 { 1923.. 1.16 1924.. 1.61 1925.. 2.32	{ 254 266 250 ..	{ 1 1	{	{ 66 92 134 ..	{ 3 4 11 ..	{ 4.5 4.3 8.2 ..			
Total Households with ditto	57,738	..	..	..	..	..	..	..	..	..

NOTE.—The figures given for total households as the total occupants living under the different degrees of density of occupation in the City represent “ private families,” and are approximate only, exact figures not being available in the Census Report for 1921.
The total number of persons in “ private families ” was 479,400 (before extension of City) and the total population was 190,639.

DIARRHŒA AND ENTERITIS, UNDER TWO YEARS OF AGE.—The death rate among infants under two from Diarrhœa and Enteritis during 1925 was 0·16 per 1,000 persons living. The death rates in recent years have been as follows :—0·17 in 1924, 0·24 in 1923, 0·15 in 1922 (the lowest on record), 0·46 in 1921, 0·43 in 1920, 0·28 in 1919, 0·37 in 1918, 0·44 in 1917, 0·39 in 1916, and 0·85 in 1915,

The great improvement in the prevalence of Diarrhœa can only be attributed to the greater attention given to Child Welfare, the activities of the Women Inspectors, especially their educational work, and the large substitution of Dried Milk for fluid milk ; the measures taken for the prevention of fly breeding, and instructions to the public as to the danger of flies, the lessened number of privy middens in the congested parts of the town, and the campaign against unpaved yards.

CEREBRO-SPINAL FEVER.—During the year there were ten notified cases of Cerebro-Spinal Fever. Six of the cases ended fatally.

ACUTE POLIOMYELITIS.—16 cases of Acute Poliomyelitis were notified, as against 53 in 1924, one in 1923, and 20 in 1922. No death was registered.

TABLE D.—*Diseases made notifiable during 1919.*

	CASES NOTIFIED.						
	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Encephalitis Lethargica	7	17	14	8	9	337	54
Pneumonia—Acute Primary and Acute							
Influenzal	830	1759	1275	2367	2832	3345	3219
Trench Fever	8	..	..	..	..	..	..
Dysentery	5	2	2	1	2	1	1
Malaria	78	21	13	7	4	1	2

All the notified cases of Trench Fever, Dysentery, and Malaria were contracted abroad, with the exception that in the case of two Malaria patients notified in 1923 there was an element of doubt ; both, however, had served with H.M. Forces abroad.

ENCEPHALITIS LETHARGICA.—As mentioned in the 1924 report, that year was unfortunately noteworthy for a very severe outbreak of Encephalitis Lethargica. The first case was notified on January 14th, and the total number of notifications, in which the diagnosis was, as far as possible confirmed, was 301. The number of deaths was 40, giving a fatality rate of 13 per cent. 54 cases were notified during 1925, and the deaths registered totalled 21, a fatality rate of 39 per cent.

INFLUENZA.—It will be remembered that the prevalence of Influenza was world-wide in 1918. All parts of the country have been visited by minor epidemics in each year since then.

The principal incidence of Influenza during the year under review took place during the first quarter, the death rate being 0·43 per 1,000 per annum. This figure compares very favourably however with that for the 105 great towns of England, which was 0·72 per 1,000.

The year's mortality rate from Influenza was 0·23 per 1,000 in 1925, as compared with 0·35 per 1,000 in 1924, 0·51 in 1923, 0·23 in 1922, 0·47 in 1921, and 0·86 in 1920. The mortality rate in England-land and Wales during 1925 was 0·32 per 1,000 of the population, and in the great towns 0·30 per 1,000.

PNEUMONIA.—It has been the practice since the beginning of 1922 to draw the attention of the medical attendant to failure to notify whenever an un-notified case of Pneumonia has appeared in the deaths returns. This has resulted in practically every case of fatal Pneumonia being notified prior to death, and has made the incidence of Pneumonia in Sheffield apparently excessive as compared with other towns.

Particulars are given below with regard to mortality from Pneumonia in males and females during 1925 and the previous five years. These figures show that there is no real excess of Pneumonia in the City :—

TABLE E.—Pneumonia Mortality.

Year.	Deaths.			Rate per 1,000.
	Males.	Females.	Totals.	
1920	490	294	784	1.60
1921	356	273	629	1.26
1922	327	176	503	0.96
1923	317	217	534	1.02
1924	357	222	579	1.10
Average for 5 years	369	236	605	1.19
1925	347	236	583	1.11

BRONCHITIS.—The mortality in the sexes during 1925 and the quinquennium 1920-24 is set out in the table below :—

TABLE F.—Bronchitis Mortality.

Year.	Deaths.			Rate per 1,000.
	Males.	Females.	Totals.	
1920	348	281	629	1.28
1921	289	273	562	1.12
1922	279	228	507	0.97
1923	235	220	455	0.87
1924	241	239	480	0.91
Average for 5 years	278	248	526	1.03
1925	242	207	449	0.85

CANCER.—The mortality from Cancer in the sexes during 1925 and the previous five years is set out below :—

TABLE G.—Cancer Mortality.

Year.	Deaths.			Rate per 1,000.
	Males.	Females.	Totals.	
1920	254	267	521	1.08
1921	280	302	582	1.16
1922	286	329	615	1.18
1923	296	325	621	1.19
1924	339	314	653	1.24
Average for 5 years	291	307	598	1.17
1925	361	336	697	1.32

The increase in Cancer mortality is shared with the rest of the United Kingdom, although in Sheffield the mortality rate is somewhat lower. It is partly accounted for by the reduced death rate which results in an increased number of persons reaching the age periods over 40 when Cancer is most prevalent. There is also no doubt earlier and more accurate diagnosis of cancerous conditions. It is generally agreed, however, that there is an actual increase in the prevalence of Cancer which has not as yet been accounted for.

TUBERCULOUS DISEASES.—The death rate from Tuberculous Diseases declined steadily from 1901 to 1910, but during the next four years there was a setback in the decline ; and during the years of the War there was a decided tendency to increase. There was again a marked decline in 1919, and the improvement has been maintained.

The death rates from all Tuberculous Diseases during the last 20 years were as follows :—

1905	..	..	1.64	1912	..	..	1.67	1919	..	..	1.28
1906	..	..	1.52	1913	..	..	1.64	1920	..	..	1.19
1907	..	..	1.70	1914	..	..	1.68	1921	..	..	1.24
1908	..	..	1.78	1915	..	..	1.78	1922	..	..	1.22
1909	..	..	1.57	1916	..	..	1.73	1923	..	..	1.03
1910	..	..	1.39	1917	..	..	1.82	1924	..	..	1.02
1911	..	..	1.59	1918	..	..	1.84	1925	..	..	0.99

The deaths from Tuberculosis of the Lung alone gave a rate of 0.79 per 1,000 living during 1925. The average for the quinquennium 1920-1924 was 0.93.

The following shows sex mortality during the past 10 years :—

TABLE H.—*Tuberculosis Mortality in Sexes.*

Year.	Tuberculosis Deaths.						Total Deaths.
	Respiratory.		Other forms.		All forms.		
	Male.	Female.	Male.	Female.	Male.	Female.	
1916	425	212	120	73	545	285	830
1917	417	248	111	90	528	338	866
1918	409	254	115	87	524	341	865
1919	286	186	71	56	357	242	599
1920	293	169	54	74	347	243	590
1921	307	193	64	55	371	248	619
1922	349	188	50	49	399	237	636
1923	265	183	50	41	315	224	539
1924	286	145	60	46	346	191	537
1925	261	156	57	47	318	203	521

The notifications of Tuberculosis of Lung since 1911 were as follows :—

1911	..	..	..	836 cases.	1918	..	..	..	1472 cases.
1912	..	..	..	981 „	1919	..	..	..	1001 „
1913	..	..	..	1033 „	1920	..	..	..	1139 „
1914	..	..	..	948 „	1921	..	..	..	1255 „
1915	..	..	..	1219 „	1922	..	..	..	1312 „
1916	..	..	..	1351 „	1923	..	..	..	1414 „
1917	..	..	..	1544 „	1924	..	..	..	1464 „
					1925	..	..	..	1361 „

The notifications of Tuberculosis of organs other than the lungs since 1914—the first full year after the commencement of notification—were as follows :—

1914	..	..	..	458 cases.	1920	..	..	..	253 cases.
1915	..	..	..	373 „	1921	..	..	..	254 „
1916	..	..	..	433 „	1922	..	..	..	275 „
1917	..	..	..	492 „	1923	..	..	..	308 „
1918	..	..	..	387 „	1924	..	..	..	341 „
1919	..	..	..	234 „	1925	..	..	..	292 „

Table I, which follows, gives a comparison of the death rates from All Forms of Tuberculosis and Respiratory Tuberculosis in England and Wales and the 16 other large towns, showing the percentage reduction in each case from 1916 to 1925.

It will be seen that in 1925 Sheffield's death rate from Respiratory Tuberculosis was less than that of any other town, very considerably less than most of them, and actually less than the death rate for England and Wales.

TABLE I.—*Tuberculosis, All Forms, and Tuberculosis of the Respiratory System. Mortality per Million Living. England and Wales and Towns over 200,000 Population. Years 1916-1925.*

Town.	1916.		1917.		1918.		1919.		1920.		1921.		1922.		1923.		1924.		1925.		Percentage Reduction 1916-25.
	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	All Forms.	Respy.	
England & Wales	1529	1178	1624	1250	1694	1343	1258	996	1131	889	1127	884	1121	889	1062	836	1058	841	1039	833	32.0
Birmingham ..	1568	1313	1628	1361	1604	1354	1358	1162	1093	918	1115	939	1108	931	1067	885	1109	943	1140	979	25.4
Liverpool ..	2283	1812	2509	1972	2627	2083	1777	1447	1722	1399	1676	1268	1655	1321	1608	1251	1526	1242	1520	1250	31.0
Manchester ..	2325	1843	2377	1860	2209	1796	1627	1331	1492	1218	1653	1319	1602	1275	1534	1245	1506	1205	1556	1315	28.6
SHEFFIELD ..	1779	1366	1847	1415	1920	1468	1275	1007	1181	928	1228	974	1209	1001	1023	851	1027	813	988	791	44.5
Leeds ..	2216	1600	2309	1645	2264	1660	1683	1291	1538	1211	1383	1091	1416	1129	1371	1068	1410	1088	1267	1081	32.4
Bristol ..	1638	1338	1741	1437	1801	1514	1340	1102	1215	985	1100	935	1323	1060	1209	949	1137	917	1180	952	28.8
West Ham ..	1715	1316	1883	1478	2085	1689	1462	1167	1303	1091	1274	1013	1193	957	1177	951	1191	970	1174	970	26.3
Hull ..	1870	1385	2143	1579	2251	1693	1523	1087	1317	984	1443	1086	1412	1017	1233	983	1354	1071	1265	1056	23.8
Bradford ..	1730	1250	1569	1224	1760	1440	1358	1128	1125	932	1192	924	1033	779	1069	839	1072	858	979	813	35.0
Newcastle ..	2057	1554	2157	1598	2017	1524	1650	1240	1814	1379	1634	1246	1499	1158	1476	1099	1459	1119	1551	1198	22.9
Nottingham ..	1795	1371	1752	1385	1969	1468	1514	1235	1160	879	1152	901	1247	993	1181	899	1184	943	1197	1020	25.6
Stoke-on-Trent	2102	1524	2134	1553	2097	1565	1546	1203	1479	1099	1515	1197	1380	1096	1228	978	1158	896	1316	986	35.3
Portsmouth ..	1516	1041	2005	1486	1765	1450	1268	987	1156	929	1176	906	1175	909	1045	854	1228	1000	1091	876	15.9
Salford ..	2087	1578	2077	1552	2232	1711	1644	1304	1630	1360	1644	1355	1662	1359	1627	1353	1588	1284	1598	1324	16.1
Leicester ..	1820	1499	2010	1657	2084	1685	1457	1212	1463	1179	1467	1181	1541	1286	1439	1222	1493	1208	1500	1250	16.6
Cardiff ..	1974	1475	2060	1700	2267	1896	1639	1296	1605	1336	1534	1238	1568	1287	1693	1340	1521	1247	1531	1333	9.6
Plymouth ..	1979	1420	1907	1416	2177	1665	1665	1286	1238	990	1301	1051	1352	1093	1321	1067	1275	1032	1056	848	40.3

The perecentage reduction in Sheffield's death rate from Respiratory Tuberculosis during the past 10 years, is also the highest of any town, and much higher than that for England and Wales.

These results are partieularly gratifying in view of the nature of the priniepal industries of Sheffield. The great improvement in the eonditions under which various elasses of grinding and abrasive industries are now earried out, and the deteetion and treatment of early eases under the Silieosis Regulations, must be an important faetor in the remarkable reduetion of mortality which has oeeurred since 1916. Nevertheless, the eonditions under which many of the men in the eutlery trade are employed are still profoundly unsatisfactory. They will never, in my opinion, be as they should be until the present antiquated organisation of this trade is reformed, and the system of giving out work to the lessees of little, dark, insanitary "wheels" is abandoned in faavour of large and eeonomieally-organised faetories, where proper equipment for ventilation, ete., would be provided and adequate supervision made possible.

It is at present impossible to prevent the praetiee of spitting in these plaees ; ventilation duets for the removal of dust are not infrequently bloeked up to prevent "draughts," and the "dry-raeing" of grindstones is sometimes praetised in eontravention of the regulations. The system of having three stones run "tandem-fashion" means that men employed on the hinder-most stones are often working almost in the dark, which promotes uneleanliness and lowers the individuals' resistanee to respiratory and other diseases.

The large amount of unemployment which still prevails in these trades, although in other respeets so regrettable, has probably had some efeeet in redueing the amount of Tuberculosis, as a large number of grinders and others employed in the dangerous seetions of these trades are not at present exposed to the risk of damage to the lungs which oeeurs while they are at work.

TABLE J.—*Pulmonary Tuberculosis in Sheffield.—Mortality Rates among Workers in Unhealthy Trades, and among All Persons over 15 (for comparison), during the years 1923, 1924 and 1925.*

Trades.	Workers employed over 12 years of age (Census 1921).			Mortality from Pulmonary Tuberculosis.					
				Number of Deaths.			Rate per 1,000.		
				1923	1924	1925	1923	1924	1925
Grinders	4,893			34	35	31	6·9	7·2	6·3
Cutlers	3,940			12	11	11	3·0	2·8	2·8
Filecutters	2,011			4	7	2	2·0	3·5	1·0
All persons over 15 years of age in Sheffield (estimate)	1923	1924	1925						
	367,082	367,642	368,972	425	414	398	1·2	1·1	1·1

Figures were taken out for mortality of Grinders, Cutlers, and Filecutters over 18 years of age in 10 years 1901 to 1910, and the Pulmonary Tuberculosis rates were as follows :—
Grinders, 14·8 ; Cutlers, 5·8 ; and Filecutters, 4·9 per 1,000 per annum.

Among the faetors in the deeline of Tuberculosis in Sheffield, perhaps the most important is the work of your Tuberculosis Offieer, Dr. Rennie, and his staff, at the Hospitals and Dispensary. At the latter institution espeeially, an enormous number of eases of Tuberculosis suspects and contaets are kept under direet and eontinuuous supervision.

The system adopted here differs in some respeets from that reoommended in the Astor Report and adopted by the Ministry of Health. But under the peeuliar eireumstances of Sheffield the methods which have been evolved appear to have justified themselves.

Other forms of Tuberculosis are treated by Dr. C. Lee Pattison at the admirably-equipped King Edward VII. Sanatorium, and also as out-patients at the Tuberculosis Dispensary, Queen's Road. The results obtained at these institutions are responsible for the saving of many young lives and the prevention of much otherwise inevitable crippledom, and have had a marked influence on the reduction of our death rate. A detailed report on this work is given by Dr. Pattison under the heading of Prevention and Treatment of Tuberculosis.

INFANT MORTALITY.—The number of deaths of Infants under one year of age was 788, as compared with 871 in 1924, 915 in 1923, 884 in 1922, and 1,173 in 1921. The number of births registered in 1925 was 9,321, as compared with 9,712 in 1924. The Infant Mortality is usually recorded as the number of deaths occurring under the age of twelve months per 1,000 births registered during the same period, and the rate for 1925 calculated in this manner is 85 per 1,000, 5 per 1,000 lower than in 1924. This is next to the lowest on record, the lowest being 82 for 1922.

It is satisfactory to note also that the actual number of deaths was considerably less than in 1924.

Deaths of infants occurring before the first month of life was reached numbered 347. This gives a rate of 37 per 1,000 births registered, or what is known as the neo-natal mortality. The neo-natal mortality for 1924 was 44, for 1923, 39 ; for 1922, 39 ; for 1921, 41 ; and for 1920, 38.

The following table gives alongside the Infant Mortality rates for England and for Sheffield during the past 20 years. The noteworthy feature of the comparison is that the rate for Sheffield in recent years has usually more nearly approached the English rate than it did in the first decade of the century.

TABLE K.—*Infant Mortality.*

Year.	Infant Morality.		Excess over	Year.	Infant Morality.		Excess over
	Sheffield.	England.	English Rate		Sheffield.	England.	English Rate
1906	158	132	26	1916	109	91	18
1907	145	118	27	1917	104	96	8
1908	141	120	21	1918	128	97	31
1909	119	109	10	1919	96	89	7
1910	127	105	22	1920	104	80	24
1911	141	130	11	1921	99	83	16
1912	107	95	12	1922	82	77	5
1913	128	108	20	1923	90	69	21
1914	132	105	27	1924	90	75	15
1915	133	110	23	1925	85	75	10

Although the *rate* of Infantile Mortality has risen from 82 in 1922 to 85 in 1925, the actual number of deaths under one year was 96 less in the year under review than in 1922, when the rate was the lowest ever recorded for Sheffield. This apparent discrepancy is due to the fact that the rate is calculated as a fraction of the number of births, and there was a decline in the number of births of 1483.

If the principal causes of deaths of infants, as set forth in the following table, be examined, it will be seen that the usual fluctuations in the fatality of some of the more common infectious diseases took place. Thus, the number of deaths from Measles rose from 3 in 1923 to 35 in 1924, and fell to 7 in 1925, while the deaths caused by Whooping-cough fell from 61 in 1923 to 13 in 1924, and rose again to 52 in 1925. There were again no fatal cases of Scarlet Fever under one year of age, and only 2 of Diphtheria, the same as in 1924.

For these annual fluctuations we are at present unable to account, and we are largely powerless to control them. The year's experience, however, proves yet again that as causes of mortality among young children, Scarlet Fever and Diphtheria have become negligible as compared with Measles and Whooping-cough. This fact has long been recognised by the medical profession, but the public persists in believing that Measles and Whooping-cough, the deadliest scourges of infancy, may be regarded as trivial complaints. Scarlet Fever and Diphtheria, on the other hand, still inspire all the horror which was justified a generation ago, but which modern treatment and other factors have rendered unnecessary.

This failure to appreciate facts is a serious handicap to preventive work. The control of Measles is especially difficult owing to the fact that it is infectious for some days before the rash appears, and of Whooping-cough because of the insidious nature of its onset. But our figures prove, and have proved for years, that the isolation of these diseases is more urgent than that of Scarlet Fever and Diphtheria. Most cases of the former could be successfully treated at home, hospital beds being retained for severe cases requiring institutional treatment, and the majority of beds now retained for their use being devoted to Measles and severe cases of Whooping-cough. The infectious stage of Measles is so much shorter than that of Scarlet Fever, that a much larger number of cases could be isolated and protected from complications, with a proportionate saving of young lives.

Taking Influenza, Bronchitis and Pneumonia as one group, there has been a steady decline in the number of deaths in recent years. The figures in the table show a reduction of 39.

The differentiation between Pneumonia and Bronchitis in infants is not of great importance as the terms "Capillary Bronchitis" and "Broncho-pneumonia," at this age, are practically interchangeable.

Deaths from Diarrhoea and Enteritis fell from 105 in 1923 to 67 in 1924, and remained low in 1925. Once more the relationship between these diseases and the sub-soil (four-foot) temperature, which used to be so constant, failed to reappear. The death-rate from Diarrhoea was less than one-fifth of what it was ten years ago.

Among the most important factors in bringing about this amazing decline in mortality from these causes, I think we must place the wide substitution of dried milk for so-called fresh but highly-contaminated milk, and the educative work carried out by the medical staff and the women inspectors in connection with the child-welfare centres.

Until the methods of the farmers and others concerned in the milk industry have been revolutionised, and consumers have been provided with facilities for storage and education in the handling of milk, I am definitely of the opinion that liquid milk should be banished from the dietary of infants.

The amount of dried milk distributed in each of the last seven years has been as follows :— 1919, 195,118 lbs. ; 1920, 223,901 lbs. ; 1921, 213,578 lbs. ; 1922, 172,138 lbs. ; 1923, 139,774 lbs. ; 1924, 158,542 lbs. ; and 1925, 152,019 lbs. As against the drop in the sale of dried milk there has been an increase in the sale of Ovaltine, 12,105 lbs. having been retailed during 1925.

In the following table particulars are given of Infant Mortality from stated causes under one year of age, during the years 1922, 1923, 1924 and 1925.

TABLE L.—*Infant Mortality in 1922, 1923, 1924 and 1925.*

Cause of Death.	Number of Deaths.			
	1922.	1923.	1924.	1925.
Measles	40	3	35	7
Scarlet Fever.. ..	1	..	..	..
Whooping Cough	10	61	13	52
Diphtheria	1	1	2	2
Tuberculous Meningitis	5	8	3	3
Abdominal Tuberculosis	3	2	2	2
Other Tuberculous Diseases	3	7	2	1
Influenza	9	14	9	7
Bronchitis	119	88	69	69
Pneumonia (all forms)	114	118	134	127
Diarrhoea and Enteritis	65	105	67	74
Syphilis	10	12	13	12
Congenital Malformation	39	45	42	40
Premature Birth	226	218	248	186
Atrophy, Debility, and Marasmus	42	76	68	46
Other Causes	216	157	164	160
Totals	903	915	871	788

1925 Infant Mortality Rate :—Legitimate, 84 ; Illegitimate, 109.

As it has been suggested that the reduction of Infant Mortality tends merely to postpone the deaths of feeble and degenerate infants from the first year to a slightly later period, thus prolonging the suffering of the child and increasing the burden of those responsible for it, I have had two tables prepared in order to ascertain whether this is true of our work in Sheffield.

The following Table shows the Infant Mortality Rate, the Mortality Rate from 1 to 5 years, and the General Death Rate in Sheffield for each fifth year from 1897 and for 1925. This covers the period during which our Child Welfare work has been developed.

TABLE M.—*Infant Mortality Rate; Mortality Rate per 1,000 Births amongst Children over 1 and under 5 years of age and General Death Rate each fifth year since 1897.*

Year.	Infant Mortality Rate.	Mortality Rate per 1,000 Births ages 1-5 years.	General Death Rate.
1897	196	94	21·2
1902	150	62	16·9
1907	145	87	17·1
1912	107	60	14·3
1917	104	61	14·6
1922	82	44	11·7
1925	85	41	11·5
Percentage of 1897 figures ..	43%	44%	54%

It will be seen that while the Infant Mortality Rate for 1925 has fallen to 43 per cent. of that for 1897, the Death Rate for the age period 1 to 5 years has also fallen to 44 per cent. of that for 1897.

The following table compares the Infantile Death Rate from three principal groups of causes in 1925 and in 1901.

The first group comprises the death rate from prematurity, debility, etc., that is, congenital causes. This group consists almost entirely of the deaths of weakly or degenerate infants with a bad heredity, whose elimination from the racial point of view is desirable. The other two groups comprise deaths from diarrhoeal and respiratory diseases, in both of which cases I have been able to show that there is a much lower correlation with hereditary influences.

The table shows that while deaths attributable to the first group of causes have declined from 79 per 1,000 Births in 1901 to 31 per 1,000 Births in 1925, the deaths from the diarrhoeal group have declined from 55 per 1,000 to 7 per 1,000. It is evident that the great majority of infantile deaths occur among the congenitally undesirable type of children and that our efforts to improve the environment of the children are not causing a deterioration of the race, as has been suggested in certain quarters.

TABLE N.—*Infantile Mortality from All Causes and from Specified Causes grouped.*
Years 1901 and 1925.

	1901.		1925.	
	Number of Deaths.	Mortality per 1,000 Births.	Number of Deaths.	Mortality per 1,000 Births.
Prematurity	300		186	
Debility	335		46	
Marasmus				
Congenital Malformations	83		40	
Convulsions	292		18	
	1010	79	290	31
Diarrhoeal Diseases	706	55	74	7
Pneumonia	160		127	
Bronchitis	169		69	
	329	26	196	21
All Causes	2573	*202	788	85

*The Infantile Mortality Rate for 1901 (202) was the highest recorded since the year 1871.

REGISTRATION SUB-DISTRICTS AND SECTIONS.

A full description of the boundaries of the Sections adopted as statistical units was given in the Annual Report for 1923. Owing to the different enumeration areas adopted in connection with the 1921 Census, the boundaries between Broomhall A and B, and Ecclesall North A and B, have had to be slightly altered. The area involved was in one case 12 acres and in the other 3 acres. With these exceptions the areas remain the same.

Tables are given on pages 40 and 41 showing the estimated population, the density of the population, death rates from all causes and from certain specified causes, infant mortality rates, birth rates, and sickness from the notifiable infectious diseases, in each of the statistical areas of the City.

With regard to mortality in the statistical areas, while the boundaries of the areas as given in the tables do not accurately conform to the different residential and industrial portions of the City, it will nevertheless be seen that the death rates are, on the whole, higher in the overcrowded and smoky industrial neighbourhoods than in the higher class residential parts, where, of course, the standard of living is generally very much better. This is again particularly noticeable in the figures relating to Infant Mortality.

POSITION OF SHEFFIELD AMONGST THE LARGEST TOWNS.

Table O shows the birth rates, death rates, and infant mortality rates in the 17 largest towns of England and Wales. The birth rates vary from 23·2 in Liverpool to 16·6 in Bradford. Twelve of the seventeen towns have higher rates than Sheffield. The death rates vary from 10·8 in West Ham to 14·4 in Manchester. Sheffield ranks third lowest with 11·5. The infant mortality rates vary from 61 in Portsmouth to 106 in Stoke-on-Trent. Five of the towns have lower rates than Sheffield.

TABLE O.—Birth Rates and Death Rates in Towns with 200,000 Population for the year 1925.

Town.	Population.	Crude Birth Rate per 1,000.	Crude Death Rate per 1,000.	Infant Mortality.
Birmingham	†952,766	18·8	11·7	78
Liverpool	†842,968	23·2	14·1	99
Manchester	†758,235	18·6	14·4	96
SHEFFIELD	§526,900	17·7	11·5	85
Leeds	§472,900	17·3	12·8	91
Bristol	*§385,700	17·4	13·3	76
West Ham	§318,500	22·0	10·8	66
Hull	§297,300	21·8	13·2	93
Bradford	§290,200	16·6	14·0	95
Newcastle	*§286,300	21·6	13·7	88
Nottingham	§270,600	19·2	13·8	96
Stoke	§278,900	22·9	13·5	106
Portsmouth	*§232,900	19·1	12·3	61
Salford	§244,700	18·8	13·9	105
Leicester	§242,100	17·3	12·9	88
Cardiff	*§227,300	20·6	12·8	92
Plymouth	†211,078	18·2	11·4	63

* Excluding non-civilians.
† Local estimate.
§ Registrar General's estimate.

STATISTICAL TABLES.

TABLE I.—*Population, Estimated Increase or Decrease, and Natural Increase, 25 Years.*

YEAR.	Estimated Mean Population (per Registrar- General.)	Estimated Increase or Decrease.	Excess of Births over Deaths.
*1901	410,151	+ 33,991	4,875
1902	414,506	+ 4,355	6,874
1903	418,906	+ 4,400	6,160
1904	423,355	+ 4,449	6,526
1905	427,850	+ 4,495	5,576
1906	432,395	+ 4,545	5,945
1907	436,986	+ 4,591	6,353
1908	441,630	+ 4,644	6,931
1909	446,321	+ 4,691	6,198
1910	451,065	+ 4,744	6,238
1911	455,817	+ 4,752	5,288
*1912	466,408	+ 10,591	6,226
1913	471,662	+ 5,254	5,842
*1914	476,971	+ 5,309	5,214
1915	476,012	— 959	3,966
1916	465,494	— 10,518	4,752
1917	469,293	+ 3,799	4,134
1918	465,217	— 4,076	1,014
1919	473,695	+ 8,478	3,789
1920	492,700	+ 19,005	6,508
*1921	519,239	+ 26,539	5,623
1922	522,600	+ 3,361	4,707
1923	524,200	+ 1,600	4,183
1924	525,000	+ 800	3,602
1925	526,900	+ 1,900	3,243

* City extended October 31st, 1901 ; April 1st, 1912 ; October 1st, 1914 ; and November 9th, 1921.

TABLE II.—*Registration Sub-Districts and parts of Registration Sub-Districts, together with the Municipal Wards or parts contained therein.*

Registration Sub-Districts.	Municipal Wards.
Sheffield North	St. Philip's.
Sheffield South	St. Peter's (part); Crookesmoor (small part containing *64 persons).
Sheffield Park	Park
Brightside West	Brightside (part); Burngreave (part); Neepsend.
Brightside East	Brightside (part); Burngreave (part).
Attercliffe	Attercliffe (part).
Darnall	Darnall
Handsworth	Handsworth.
Tinsley (part of S.E. R'ham.) ..	Attercliffe (part).
Hillsbro'	Hillsbro' (part).
Bradfield (part)	Hillsbro' (part).
Ecclesfield	Hillsbro' (part); Neepsend (part); Brightside (part).
Ecclesall North	Walkley; Hillsbro' (part).
Ecclesall West Central	Crookesmoor (part); Hallam; St. Peter's (small part containing *36 persons).
Ecclesall South (including Norton)	Ecclesall; Heeley.
Broomhall (including Sharrow)	Broomhall.

* Census 1921.

TABLE III.—*Marriages and Marriage Rates in Sheffield and in England and Wales since 1890.*

Year.	Total Number of Marriages in Sheffield.	Persons married per 1,000 in Sheffield.	Persons married per 1,000 in England and Wales.
1890	3,174	19.7	15.5
1891	3,128	19.2	15.6
1892	3,091	18.7	15.4
1893	2,797	16.6	14.7
1894	3,215	18.8	15.0
1895	2,810	16.2	15.0
1896	3,322	18.8	15.7
1897	3,465	19.3	16.0
1898	3,496	19.2	16.2
1899	3,663	19.8	16.5
1900	3,508	18.7	16.0
1901*	3,640	18.8	15.9
1902	3,682	17.8	15.9
1903	3,506	16.7	15.7
1904	3,507	16.5	15.3
1905	3,466	16.2	15.3
1906	3,943	18.2	15.7
1907	4,004	18.3	15.9
1908	3,419	15.5	15.1
1909	3,445	15.4	14.7
1910	3,639	16.1	15.0
1911	3,726	16.3	15.2
1912*	3,885	16.7	15.5
1913	4,077	17.3	15.5
1914*	4,062	17.0	15.9
1915	4,905	20.6	19.3
1916	4,256	18.3	14.9
1917	3,968	15.2	13.8
1918	4,066	15.6	15.3
1919	4,947	20.1	19.7
1920	5,075	20.6	20.1
1921*	4,089	16.3	16.9
1922	3,774	14.4	15.7
1923	3,990	15.2	15.2
1924	3,951	15.1	15.3
1925	3,987	15.1	15.2
Average	3,741	17.4	15.8

* City extended.

TABLE IV.—*Population and Births and Deaths in Sheffield in past years. Also Birth-rates and Death-rates in Sheffield and in England and Wales.*

YEAR.	POPULATION.	SHEFFIELD.				ENGLAND.	
		BIRTHS.		DEATHS.		Birth-rates.	Death-rates.
		Number of Births.	Birth-rates per 1,000 living per annum.	Number of Deaths.	Death-rates per 1,000 living per annum.		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1902	414,506	13,938	33·6	7,064	17·0	28·5	16·3
1903	418,906	14,136	33·6	7,976	19·0	28·5	15·5
1904	423,355	13,850	32·7	7,284	17·2	28·0	16·3
1905	427,850	13,082	30·6	7,510	17·6	27·3	15·3
1906	432,395	13,420	31·1	7,475	17·3	27·2	15·5
1907	436,986	14,125	32·3	7,772	17·8	26·5	15·1
1908	441,630	14,268	32·3	7,337	16·6	26·7	14·8
1909	446,321	13,296	29·8	7,098	15·9	25·8	14·6
1910	451,065	12,664	28·1	6,426	14·2	25·1	13·5
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2

Population at earlier dates :—1736, 14,105 ; 1801, 45,755 ; 1811, 53,231 ; 1821, 65,275 ; 1831, 91,692 ; 1841, 111,091.

* City extended.

I desire to call particular attention to the above table, as so many people still lament the progressive decline in the Birth Rate, without, as it seems to me, giving adequate consideration to the laws which govern the increase in population.

The table shows that while in 1851, with a Birth Rate of 41·6 and a Rate of Increase, *i.e.*, excess of Birth Rate over Death Rate, of 13·4, the actual increment of population was 1,919 ; in 1925, with a Birth Rate of only 17·7 and a Rate of Increase reduced to 6·2, the actual increment was no less than 3,243.

This, of course, is because these rates have to be applied to an enormously increased population. Had the Birth Rate which prevailed in 1851 been maintained in 1925, the actual number of Births would have been 21,919 instead of 9,321.

Under existing social conditions I cannot understand that such an influx of new children could be considered desirable. It would, in my opinion, be inevitably counteracted by a reversion to something like the rates of Infant Mortality which prevailed in the last century.

TABLE V.—Registration Sub-Districts and Sections; Estimated Population; Density; Death-Rates, All Causes

DISTRICT.	NORTH.			SOUTH.			PARK.		BRIGHTSIDE WEST.		BRIGHTSIDE EAST.		ATTERCLIFF.	
	A.	B.	C.	A.	B.	C.	A.	B.	A.	B.	A.	B.	A.	B.
ESTIMATED POPULATION.	5,491	17,272	9,757	14,399	5,511	7,657	13,539	15,617	24,768	29,628	13,365	34,071	19,481	11,000
PERSONS PER ACRE ..	55	190	143	87	75	65	100	7	76	17	57	25	72	7
CAUSES OF DEATH.														
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	0.232	..	..	..	..	0.148	0.064	0.040	0.068	0.150	0.059	0.051	..
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	0.029	..	..
Diphtheria .. ..	..	0.058	..	0.069	..	..	0.295	..	0.121	0.034	0.224	0.029	0.103	0
Whooping Cough ..	0.728	0.347	0.102	0.278	0.181	..	0.148	0.192	0.202	0.101	0.748	0.264	0.513	0
Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever .. ..	..	..	..	0.069	..	..	0.074	..	..	0.034	..	0.059	..	..
Influenza	0.182	0.405	0.205	0.069	..	0.392	0.074	0.064	0.363	0.236	0.599	0.264	0.308	..
Puerperal Fever	0.182	0.289	0.102	..	..	..	0.074	..	0.040	0.068	0.075	0.029	0.051	..
Diarrhoea and Enteritis ..	0.728	0.463	0.102	0.347	..	0.261	0.739	0.128	0.121	0.068	0.673	0.264	0.205	0
Pneumonia	1.275	2.200	1.230	2.500	2.359	1.306	1.477	0.896	1.211	0.810	1.871	1.057	1.797	1
Cancer	0.911	1.274	1.127	1.528	1.633	1.828	1.182	1.281	1.373	1.181	2.170	1.174	0.924	1
Pulmonary Tuberculosis and Phthisis	2.550	1.679	0.820	1.250	1.270	1.175	1.034	0.384	0.848	0.709	0.524	0.881	0.719	0
Other Forms of Tuberculosis .. ..	..	0.405	0.205	0.347	0.544	..	0.074	0.320	0.363	0.203	0.150	0.176	0.154	0
Rheumatism, &c. ..	..	..	0.102	..	0.181	0.131	..	0.256	0.081	..	0.075	0.117	..	..
Diseases of	Nervous System and Sense Organs ..	2.368	1.042	1.025	1.320	1.815	1.567	1.256	1.345	0.807	0.675	1.721	0.881	1.129
	Circulatory System ..	4.553	3.416	3.075	3.056	3.629	2.743	1.551	2.305	3.230	2.396	2.843	1.321	1.848
	Respiratory System except Pneumonia ..	1.639	1.216	0.410	1.111	1.633	1.175	0.886	1.217	0.807	0.641	0.898	0.851	1.386
	Digestive System except Diarrhoea and Enteritis	0.364	0.579	0.512	0.556	0.363	0.261	0.739	0.512	0.484	0.439	0.673	0.675	0.667
	Genito-urinary System except Venereal Disease	0.911	0.347	0.512	0.278	0.726	0.522	0.295	0.512	0.484	0.304	0.224	0.440	0.359
	Early Infancy	0.546	0.868	0.615	0.625	0.363	0.261	0.443	0.576	0.525	0.608	0.898	0.470	0.924
	Puerperal State except Puerperal Fever ..	..	..	..	..	0.181	..	0.222	0.064	0.040	0.034	..	..	0.051
Suicide	0.182	0.174	..	0.069	..	..	..	0.064	0.121	0.135	..	0.029	0.051	0
Other affections produced by External Causes ..	0.182	0.637	0.512	0.347	0.363	0.131	0.369	0.512	0.363	0.236	0.374	0.470	0.719	0.8
Other Causes	0.728	0.637	0.820	0.556	0.726	1.306	0.812	1.985	0.565	0.810	0.673	1.057	0.616	0.8
All Causes	18.030	16.269	11.479	14.376	15.968	13.060	11.892	12.678	12.193	9.788	15.563	10.596	12.576	12.8
Infant Mortality	79	109	95	103	66	82	78	74	67	80	153	93	110	80
Birth Rates	22.938	24.481	17.314	21.522	22.128	12.794	22.815	19.907	21.028	17.241	22.438	19.540	21.449	20.7
	A.	B.	C.	A.	B.	C.	A.	B.	A.	B.	A.	B.	A.	B.
DISTRICT.	NORTH.			SOUTH.			PARK.		BRIGHTSIDE WEST.		BRIGHTSIDE EAST.		ATTERCLIFF.	

and Certain Specified Causes, and Birth Rate per 1,000 living, also Infant Mortality Rate, Year 1925.

	HANDSWORTH.	TINSLEY.	HILLSBRO'.	ECCLESFIELD.	ECCLESALL.				BROOMHALL.		SHARROW.	NORTON.	CITY.	DISTRICT.
					NORTH. A.	B.	WEST. CENTL.	SOUTH.	A.	B.				
15	16,853	7,471	20,405	5,110	11,247	28,930	51,833	48,828	16,091	10,277	26,323	23,302	526,900	ESTIMATED POPULATION.
	5	5	13	2	54	65	7	14	141	41	96	12	17	PERSONS PER ACRE ..
														CAUSES OF DEATH.
	..	..	..	..	..	..	..	..	..	..	..	..	..	Small Pox
08	0.237	0.134	..	..	..	..	0.039	0.020	..	..	..	..	0.059	Measles
	..	..	..	..	0.161	..	0.019	0.020	..	0.094	..	..	0.011	Scarlet Fever
	0.059	..	0.049	0.196	..	0.072	0.096	0.020	..	..	0.076	..	0.061	Diphtheria
30	..	0.268	0.098	..	0.482	0.288	0.154	0.123	0.127	..	0.190	0.215	0.205	Whooping Cough ..
	..	..	..	..	..	..	..	..	..	..	..	..	..	Typhus Fever
	..	0.134	..	..	..	..	..	..	0.064	..	..	0.043	0.015	Enteric Fever
86	0.178	0.268	0.098	0.196	0.080	0.072	0.232	0.287	0.254	0.376	0.266	0.129	0.230	Influenza
52	0.059	..	0.049	..	..	..	0.019	0.020	..	..	..	0.043	0.040	Puerperal Fever
30	0.297	..	0.245	..	0.241	0.072	0.058	0.082	0.254	0.094	0.038	..	0.177	Diarrhœa and Enteritis ..
57	1.009	0.937	0.490	0.587	1.446	0.974	1.061	0.696	0.889	0.565	1.026	0.815	1.106	Pneumonia
90	1.068	0.937	1.715	0.587	0.562	1.262	1.582	1.393	1.398	1.506	1.558	1.073	1.323	Cancer
35	0.593	0.402	0.441	0.587	0.964	0.938	0.502	0.635	1.207	0.565	0.684	0.429	0.791	Pulmonary Tuberculosis and Phthisis
82	0.178	0.535	0.245	0.196	0.241	0.108	0.096	0.143	0.190	0.282	0.114	0.300	0.197	Other Forms of Tuber- culosis
	0.059	..	0.098	..	..	0.036	0.058	0.102	0.127	0.188	..	0.086	0.061	Rheumatism, &c. ..
87	0.890	1.071	0.980	1.174	0.723	0.974	0.868	0.942	1.842	1.411	1.254	1.245	1.078	Diseases of Nervous System and Sense Organs .. Circulatory System .. Respiratory System except Pneumonia.. Digestive System ex- cept Diarrhœa and Enteritis Genito-urinary System except Venereal Dis- ease Early Infancy .. Puerperal State ex- cept Puerperal Fever
428	1.721	1.071	2.597	3.327	1.848	2.200	2.759	2.130	2.859	2.258	2.393	1.845	2.325	
779	1.365	0.803	0.735	0.587	1.125	1.406	0.733	0.983	1.334	0.470	1.482	0.343	0.957	
286	0.356	..	0.441	0.196	0.321	0.397	0.405	0.532	0.508	0.659	0.456	0.429	0.473	
415	1.009	0.268	0.539	0.587	0.161	0.505	0.482	0.532	0.889	0.753	0.646	0.429	0.486	
519	0.831	0.268	0.392	..	0.964	0.649	0.328	0.430	0.381	0.659	0.456	0.215	0.526	
078	0.178	..	0.049	..	0.080	0.036	0.019	0.061	0.064	0.094	0.038	0.043	0.047	
052	0.119	..	0.049	..	..	0.108	0.058	0.102	0.127	0.094	0.038	0.043	0.072	Suicide
338	0.653	0.402	0.490	0.196	0.161	0.505	0.347	0.225	0.635	0.094	0.228	0.386	0.395	Other affections produced by External Causes ..
779	0.949	1.874	1.176	..	0.803	0.974	1.042	0.922	0.826	1.035	0.836	0.687	0.901	Other Causes
529	11.808	9.370	10.978	8.415	10.364	11.576	10.958	10.404	13.976	11.198	11.777	8.798	11.535	All Causes
3	84	63	67	37	127	100	76	79	74	71	69	52	85	Infant Mortality
531	22.599	17.126	13.227	15.845	22.165	17.664	13.268	12.938	19.813	13.263	13.253	12.440	17.684	Birth Rates
	HANDSWORTH.	TINSLEY.	HILLSBRO'.	ECCLESFIELD.	A.	B.	WEST. CENTL.	SOUTH.	A.	B.	SHARROW.	NORTON.	CITY.	DISTRICT.

TABLE VI.—*Registration Sub-Districts and Sections. Estimated Population, Acreage, Density and Death-Rates, Birth-Rates, and Infant Mortality for Quinquennium 1920-1924 and 1925.*

District				Estimated Population 1925.	Acreage	Persons per Acre 1925.	Birth Rates per 1000.		Death Rates per 1000.		Infant Morality Rates.			
							1920 to 1924.	1925.	1920 to 1924.	1925.	1920 to 1924.	1925.		
North	..	..	A	5,491	99	55	24.5	22.9	18.5	18.0	123	79
			B	17,272	91	190	31.5	24.5	18.2	16.3	125	109		
			C	9,757	68	143	24.3	17.3	13.3	11.5	89	95		
South	..	..	A	14,399	165	87	24.3	21.5	15.4	14.4	115	103
			B	5,511	73	75	27.8	22.1	15.4	16.0	129	66		
			C	7,657	118	65	17.1	12.8	12.0	13.1	67	82		
Park	..	..	A	13,539	135	100	28.2	22.8	16.0	11.9	142	78
			B	15,617	2,372	7	18.3	19.9	13.2	12.7	85	74		
Brightside West	..		A	24,768	325	76	23.5	21.0	13.3	12.2	103	67		
			B	29,628	1,764	17	19.4	17.2	9.7	9.8	76	80		
Brightside East	..		A	13,365	236	57	27.4	22.4	14.0	15.6	119	153		
			B	34,071	1,357	25	27.2	19.5	12.5	10.6	86	93		
Attercliffe	..	..	A	19,481	271	72	26.3	21.4	14.0	12.6	113	110
			B	11,159	159	70	23.3	20.8	12.9	12.8	97	86		
Darnall	..	..	..	38,515	1,040	37	26.0	18.5	11.4	9.5	95	73
Handsworth§	..	..	..	16,853	3,566	5	21.9*	22.6	12.6*	11.8	77*	84
Tinsley	..	..	..	7,471	1,524	5	22.5	17.1	9.7	9.4	89	63
Hillsborough	..	..	..	20,405	1,521	13	17.8	13.2	10.6	11.0	74	67
Ecclesfield§	..	..	..	5,110	2,331	2	14.9*	15.8	12.2*	8.4	73*	37
Ecclesall North	..		A	11,247	210	54	27.6	22.2	13.0	10.4	100	127		
			B	28,930	444	65	23.1	17.7	12.1	11.6	75	100		
Ecclesall West Central	..		..	51,833	7,588	7	16.6	13.3	10.5	11.0	78	76
Ecclesall South	..	..	..	48,828	3,613	14	15.9	12.9	9.8	10.4	69	79
Broomhall	..	..	A	16,091	114	141	22.9	19.8	13.8	14.0	105	74
			B	10,277	251	41	13.6	13.3	11.2	11.2	79	71		
Sharrow	..	..	..	26,323	275	96	18.3	13.3	12.1	11.8	75	69
Norton	..	..	..	23,302	1,906	12	17.2	12.4	9.7	8.8	85	52
City				526,900	31,616	17	21.8	17.7	12.2	11.5	93	85

§ Added to City, November, 1921.

* Average 4 years only.

TABLE VII.—Infant Mortality: Nett Deaths from stated causes at various ages under One Year of Age.

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under 1 year.
Small-Pox .. .. .	..	..	..	..	..	..	..	..	..	..
Chicken-Pox .. .. .	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	1	2	2	2	7
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	1	2	3	8	10	14	17	52
Diphtheria .. .. .	..	..	..	..	..	..	1	..	1	2
Influenza .. .. .	..	..	1	..	1	2	2	..	2	7
Tuberculosis of Nervous System .. .. .	..	..	..	..	..	..	..	2	1	3
Tuberculosis of Intestines and Peritoneum .. .. .	..	..	..	..	..	..	..	1	1	2
Other Tuberculous Diseases .. .. .	..	..	..	..	..	..	..	1	..	1
Syphilis	2	1	1	..	4	4	2	2	..	12
Meningitis (not Tuberculous) .. .. .	..	1	..	..	1	..	2	..	2	5
Convulsions	8	3	1	..	12	..	3	2	1	18
Bronchitis .. .. .	..	1	2	5	8	16	26	14	5	69
Pneumonia	1	4	5	2	12	25	32	26	32	127
Inflammation of Stomach .. .. .	..	2	1	..	3	9	2	1	1	16
Diarrhœa and Enteritis	1	2	2	3	8	23	23	10	10	74
Rickets .. .. .	..	..	..	..	..	..	1	2	4	7
Hernia, Intestinal Obstruction .. .. .	..	..	..	..	..	..	4	1	..	5
Congenital Malformations	21	5	3	3	32	6	2	1	1	42
Congenital Debility and Sclerema	5	6	1	3	15	24	5	1	1	46
Icterus	2	3	2	..	7	..	..	..	..	7
Premature Birth	127	20	11	11	169	13	3	1	..	186
Injury at Birth	7	..	..	..	7	..	..	..	..	7
Disease of Umbilicus .. .. .	..	4	..	..	4	1	..	..	..	5
Atelectasis	14	1	3	..	18	..	..	..	..	18
Suffocation, Overlying	4	..	1	1	6	1	2	..	..	9
Other Causes	18	8	8	3	37	11	5	5	3	61
Totals	210	61	43	33	347	144	127	86	84	788
Number uncertified .. .. .	..	..	..	..	..	..	..	..	..	..

Nett Births in the year—
 Legitimate .. 8,981
 Illegitimate .. 340

Nett Deaths in the year—
 Legitimate Infants .. 751
 Illegitimate Infants .. 37

TABLE VIII.—Deaths and Death-rates per annum per 1,000 persons living, from All Causes and from Specified Causes, Persons living, Deaths and Death-rates at Specified Age Periods during 1925.

	Death Rates per 1,000	All Ages.	Under 1 yr.	1 and under 2 yrs.	2 and under 3 yrs.	3 and under 4 yrs.	4 and under 5 yrs.	Total under 5 yrs.	5 and under 10 yrs.	10 and under 15 yrs.	15 and under 20 yrs.	20 and under 25 yrs.	25 and under 35 yrs.	35 and under 45 yrs.	45 and under 55 yrs.	55 and under 65 yrs.	65 and under 75 yrs.	75 yrs. and upwards.
Age Distribution of Population	..	526900	11689	12120	8802	8826	9728	51165	52250	54513	50272	44569	79707	76080	60065	35206	17571	5502
Deaths .. .. .	..	6078	788	194	104	54	33	1173	108	84	136	125	302	383	743	919	1145	960
Death-rates per 1000 per annum	..	11·535	67·4	16·0	11·8	6·1	3·4	22·9	2·1	1·5	2·7	2·8	3·8	5·0	12·4	26·1	65·2	174·5
Small Pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	0·059	31	7	13	3	4	1	28	3	..	..	..	..	..	..	..	..	..
Scarlet Fever	0·011	6	..	1	1	..	..	2	1	..	..	..	..	..	..	..	..	..
Diphtheria	0·061	32	2	4	4	3	6	19	11	..	..	..	..	1	..	..	1	..
Whooping Cough	0·205	108	52	30	16	8	1	107	1	..	..	..	..	..	..	..	..	..
Typhus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	0·015	8	..	..	..	..	..	..	1	..	..	..	..	1	..	..	1	..
Influenza	0·230	121	7	2	2	..	..	11	4	1	..	1	3	13	18	20	29	17
Puerperal Fever	0·040	21	..	..	..	..	..	..	..	..	..	..	11	4	2	..	..	..
Diarrhoea and Enteritis	0·177	93	74	10	1	..	..	85	..	..	..	..	1	1	1	1	2	2
Pneumonia	1·106	583	127	67	35	18	6	253	18	8	6	8	33	54	62	65	43	33
Cancer	1·323	697	1	..	..	..	..	1	1	4	1	2	17	36	149	212	193	81
Respiratory Tuberculosis	0·791	417	1	1	1	2	..	5	6	8	39	43	70	72	95	58	19	2
Other forms of Tuberculosis	0·197	104	5	6	15	5	4	35	13	5	13	5	12	7	6	7	1	..
Rheumatism, &c.	0·061	32	..	..	..	..	..	..	3	3	3	2	4	5	3	4	4	1
Nervous System and Sense Organs	1·078	568	33	12	8	2	4	59	5	14	10	7	15	33	75	110	148	92
Circulatory System	2·325	1225	3	1	..	1	..	5	6	15	16	14	41	50	125	203	388	362
Respiratory System except Pneumonia	0·957	504	74	21	2	7	2	106	4	1	4	3	8	12	41	70	122	133
Digestive System except Diarrhoea and Enteritis	0·473	249	22	5	4	..	1	32	8	4	7	2	20	23	54	40	44	15
Genito-Urinary System except Venereal Disease	0·486	256	1	2	..	1	..	4	..	3	8	8	7	27	38	54	65	42
Early Infancy	0·526	277	273	4	..	..	..	277	..	..	..	..	..	..	..	..	..	..
Puerperal State except Puerperal Fever	0·047	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	0·072	38	..	..	..	..	..	..	..	..	..	1	12	7	2	..	..	..
Other Affections produced by External Causes	0·395	208	18	4	8	..	7	37	15	8	17	11	18	13	25	15	21	28
Other Causes	0·901	475	88	11	4	3	1	107	8	8	6	8	20	20	35	50	61	152

Diseases of—

TABLE IX.—*Mortality at certain age periods, years 1922-25.*

	DEATH RATE PER 1,000 PERSONS LIVING AT EACH AGE OF GROUP.			
	1922.	1923.	1924.	1925.
Under 1 year	67.2	78.7	74.8	67.4
<i>Infant Mortality Rate*</i>	82	90	90	85
1 and under 2 years	23.4	21.4	20.7	16.0
2 " 3 " "	11.7	12.3	10.9	11.8
3 " 4 " "	6.5	6.4	6.4	6.1
4 " 5 " "	4.1	2.6	2.5	3.4
Total under 5 years	26.9	26.8	25.4	22.9
5 and under 10 years	3.0	1.8	2.2	2.1
10 " 15 " "	1.9	1.6	1.8	1.5
15 " 20 " "	2.5	2.4	2.5	2.7
20 " 25 " "	3.8	3.2	3.3	2.8
25 " 35 " "	3.5	3.5	3.9	3.8
35 " 45 " "	6.3	6.1	5.7	5.0
45 " 55 " "	11.2	11.1	11.2	12.4
55 " 65 " "	24.7	25.4	27.4	26.1
65 " 75 " "	63.5	62.9	61.6	65.2
75 years and over	145.1	148.9	159.8	174.5
All Ages	11.7	11.5	11.6	11.5

* The Infant Mortality Rate is calculated upon the number of deaths of infants under one year per 1,000 births.

TABLE X.—*Cases of Infectious Disease reported during each month of the year 1925.*

DISEASES.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	TOTALS.
Small Pox .. .. .	..	..	..	..	..	..	..	..	..	32	6	6	44
Cerebro-Spinal Fever	1	3	1	1	..	..	..	1	..	1	1	1	10
Acute Poliomyelitis	3	4	1	..	1	..	1	2	2	1	1	..	16
Scarlet Fever	110	132	103	66	101	87	103	86	127	141	123	104	1,283
Diphtheria	63	67	50	55	54	41	57	58	77	129	81	88	820
Enteric Fever	8	3	2	3	3	4	..	4	4	5	3	1	40
Encephalitis Lethargica	7	6	6	4	11	2	3	..	5	5	3	2	54
Polio-Encephalitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	25	26	22	27	24	24	32	26	45	48	48	41	388
Puerperal Fever	7	8	8	14	5	4	5	8	5	7	8	4	83
Ophthalmia Neonatorum	20	19	22	22	18	26	19	16	10	12	12	19	215
Measles	3	3	10	9	19	14	14	11	5	13	23	96	220
Pneumonia	291	273	325	304	238	200	221	110	166	274	388	429	3,219
Trench Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	1
Malaria .. .. .	..	..	..	..	..	1	..	..	..	1	..	..	2
Continued Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	538	544	550	505	474	404	455	322	446	669	697	791	6,395

TABLE XI.—Cases of Infectious Disease notified since 1915.

DISEASE.	NUMBER OF CASES NOTIFIED.										Annual Averages 10 Years 1915-1924.	Cases notified 1925.
	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.		
Small Pox . . . . .	..	..	..	..	..	..	..	11	3	4	2	44
Cerebro-Spinal Fever	3	3	14	11	9	5	7	4	9	9	7	10
Acute Poliomyelitis	7	11	4	6	3	6	12	20	1	53	12	16
Polio-Encephalitis	..	..	..	..	..	1	..	..	..	1	..	..
Scarlet Fever	2,193	848	1,165	1,486	1,229	862	1,017	1,293	1,488	1,334	1,292	1,283
Diphtheria	1,022	818	546	610	514	591	689	647	502	514	645	820
Enteric Fever	68	65	55	46	14	24	47	47	42	45	45	40
Encephalitis Lethargica	..	..	..	..	*7	17	14	8	9	337	65 (a)	54
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	392	330	241	253	287	242	239	255	251	283	277	388
Puerperal Fever	64	48	46	51	69	72	63	61	79	85	64	83
Ophthalmia Neonatorum	195	258	299	248	219	302	257	243	228	211	246	215
Measles . . . . .	..	*4,646	6,874	2,972	8,901	†1,155	277	1,358	71	457	297 (b)	220
Pneumonia . . . . .	..	..	..	..	*842	1,759	1,275	2,367	2,832	3,347	2,129 (a)	3,219
Trench Fever	..	..	..	..	(10 mos.) *5	..	..	..	..	..	1 (a)	..
Dysentery . . . . .	..	..	..	..	(10 mos.) *5	2	2	1	2	1	2 (a)	1
Malaria . . . . .	..	..	..	..	(10 mos.) *78	21	13	7	5	1	21 (a)	2
Continued Fever . . . . .	..	..	..	..	(10 mos.)	1	..	..	1	4	1	..
TOTALS	3,944	7,027	9,244	5,683	12,182	5,060	3,912	6,322	5,523	6,686	5,106	6,395

Military Cases are included in the above Table.
*—Commencement of compulsory notification. †—Measles ceased to be compulsorily notifiable 1920.
(a) Six years only. (b) Nine years only.

TABLE XII.—*Measles. Mortality in Males and Females, and under certain age periods; also Mortality Rates, 10 years 1915-1924 and 1925.*

YEARS.	DEATHS.	Rate per 1,000 Persons living.	DEATHS.		AGE AT DEATH.							
			Males.	Fe- males.	Under 1 year.	1 and under 2 Yrs.	2 and under 3 yrs.	3 and under 4 yrs.	4 and under 5 yrs.	5 and under 10 yrs.	10 and under 15 yrs.	Over 15 years.
1915 ..	640	1.35	344	296	116	266	129	59	28	40	1	1
1916 ..	196	0.41	104	92	29	81	47	18	9	12	..	..
1917 ..	145	0.31	81	64	32	49	29	20	8	5	1	1
1918 ..	53	0.11	25	28	14	12	11	6	2	8	..	..
1919 ..	174	0.37	84	90	50	59	28	16	9	10	1	1
1920 ..	115	0.23	57	58	28	55	14	8	4	6	..	..
1921 ..	41	0.08	25	16	13	18	4	3	..	3	..	..
1922 ..	153	0.29	75	78	40	77	17	8	3	8	..	..
1923 ..	10	0.02	5	5	3	3	3	1	..	..	..	..
1924 ..	114	0.22	60	54	35	45	18	8	1	6	1	..
Average 10 years 1915-1924	164	0.34	86	78	36	67	30	15	6	10	..	..
1925 ..	31	0.06	16	15	7	13	3	4	1	3	..	..

TABLE XIII.—*Scarlet Fever. Notifications, Percentage of Cases removed to Hospital, Deaths and Percentage Mortality, ten years 1915-24 and 1925.*

Year	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	Average 10 years 1915-1924	1925
Cases Notified ..	2194	848	1165	1486	1229	862	1017	1293	1488	1334	1292	1283
Percentage of Cases Removed	82	87	78	90	86	84	91	90	89	91	87	89
Deaths	54	17	15	22	8	6	15	27	11	9	18	6
Percentage Mortality ..	2.5	2.0	1.3	1.5	0.7	0.7	1.5	2.1	0.7	0.7	1.4	0.5

TABLE XIV.—*Whooping Cough. Deaths under Certain Age Periods since 1915.*

AGES.	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	Average 10 years 1915-1924	1925
Under 1 year ..	43	56	16	123	6	31	55	10	61	13	41	52
1 and under 2 years ..	34	34	20	100	4	18	35	14	39	12	31	30
2 „ 3 „ ..	15	9	4	28	2	7	9	5	13	2	9	16
3 „ 4 „ ..	3	9	1	15	1	1	1	..	11	2	4	8
4 „ 5 „ ..	3	5	4	10	..	5	3	..	2	1	3	1
Over 5 years ..	4	3	1	12	..	..	2	1	6	1	3	1

TABLE XV.—*Diphtheria.—Percentage Mortality in Hospital-treated and Home-treated Cases, 1925.*

	HOSPITAL TREATED.	HOME TREATED.	TOTAL.
Cases Notified	762	58	820
Deaths	30	2	32
Percentage Mortality	3.9	3.4	3.9

TABLE XVI.—*Sickness from Puerperal Fever and Mortality from Sepsis and Other Accidents of Childbirth per 1,000 Births, 10 years 1916-1925.*

Year	Rate per 1,000 Births.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Sickness from Puerperal Fever	4.00	4.17	4.75	6.67	5.48	5.29	5.65	7.75	8.75	8.90
Mortality during Puerperium :										
*Sepsis	1.91	1.63	1.58	2.61	1.52	1.51	1.76	1.37	2.47	2.25
Other Causes	2.58	2.00	2.42	2.61	2.51	2.35	1.85	2.65	2.06	2.68
Total Childbirth	4.49	3.63	4.00	5.22	4.03	3.86	3.61	4.02	4.53	4.93

* Including Phlegmasia, Alba Dolens.

TABLE XVII.—*Cases of Infectious Disease notified during the year 1925 shown under certain age periods.*

NOTIFIABLE DISEASE.	Number of Cases Notified.							
	At Ages—Years.							
	At all Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.
Small Pox	44	..	2	26	4	6	5	1
Scarlet Fever	1,283	9	269	825	128	48	4	..
Diphtheria	820	7	179	474	97	51	11	1
Typhoid Fever	40	..	..	3	7	17	11	2
Measles	220	3	57	154	6	..	..	..
Erysipelas	388	7	12	26	50	94	153	46
Ophthalmia Neonatorum	215	215	..	..	..	..	..	..
Puerperal Fever	83	..	..	..	22	57	4	..
Pneumonia	3,219	336	1,076	602	241	440	364	160
Cerebro-Spinal Fever	10	4	3	3	..	..	..	..
Acute Poliomyelitis	16	..	13	3	..	..	..	..
Encephalitis Lethargica	54	1	1	5	14	14	11	8
Malaria	2	..	..	..	1	1	..	..
Dysentery	1	..	..	..	..	1	..	..
Pulmonary Tuberculosis	1,364	1	44	479	268	326	215	31
Other forms of Tuberculosis	292	8	79	117	37	31	18	2
Totals	8,051	591	1,735	2,717	875	1,086	796	251

Military Cases included :—Pulmonary Tuberculosis, 3.

TABLE XVIII.—Cases of Infectious Disease notified during 1925 shown in Registration Sub-Districts and Sections.

NOTIFIABLE DISEASE.	NORTH.			SOUTH.			PARK.			BRIGHTSIDE WEST.		BRIGHTSIDE EAST.		ATTERCLIFFE.		DARNALL.	HANDSWORTH.	TINSLEY.	HILLSBRO.	ECCLESFIELD.	ECCLESALL NORTH.		ECCLESALL WEST CENTRAL.	ECCLESALL SOUTH.	BROOMHALL.		SHARROW.	NORTON.	CITY.	Total Cases removed to Hospital.	
	A	B	C	A	B	C	A	B	A	B	A	B	A	B	A	B					A	B			A	B					
Small Pox	21	23	..	36	34	..	19	1	15	..	25	2	55	79	19	..	41	7	21	59	125	139	..	25	50	..	88	44
Scarlet Fever..	..	23	37	..	15	..	38	8	74	75	26	70	38	25	3	42	13	8	40	..	3	43	87	39	..	58	35	..	33	1283	
Diphtheria	23	22	..	45	..	25	3	56	57	23	66	25	13	5	4	2	1	..	..	..	1	1	1	3	..	2	..	4	820	
Typhoid Fever	1	..	..	3	1	3	1	1	1	..	3	3	1	1	1	2	1	1	1	..	7	111	18	..	1	2	..	13	40	
Measles	4	..	1	..	11	3	11	12	2	9	3	..	4	30	8	7	..	..	..	..	40	29	..	3	2	..	15	220	
Erysipelas	8	19	..	14	5	14	11	13	30	14	18	21	6	6	20	3	..	9	2	2	11	7	6	..	4	2	..	13	388	
Ophthalmia Neonatorum	11	14	..	12	1	12	7	28	13	6	8	6	3	3	3	3	..	2	3	3	6	20	7	6	2	8	..	3	215	
Puerperal Fever	1	9	..	3	..	3	..	5	5	2	2	9	1	1	7	4	1	3	..	..	1	5	5	..	2	4	..	4	83	
Pneumonia	52	154	..	93	48	133	76	147	135	122	236	204	57	382	155	67	42	67	2	2	125	120	214	183	88	143	103	3219	562	
Cerebro Spinal Fever	1	..	..	..	..	..	..	..	1	1	1	..	..	2	2	..	..	..	..	1	..	2	..	..	..	..	..	10	2	
Acute Poliomyelitis	1	..	..	..	..	..	2	..	..	..	3	1	..	..	2	1	..	..	..	1	1	..	1	..	..	..	1	16	1	
Encephalitis Lethargica	1	..	..	1	2	..	2	1	3	1	3	2	1	2	2	1	1	1	1	1	4	6	7	1	1	1	7	54	1	
Malaria	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	..	
Dysentery	1	1	..
Pulmonary Tuberculosis	26	79	..	46	19	55	34	102	54	35	107	59	30	113	40	16	34	..	..	7	51	81	72	..	22	70	25	1364	2062	
Other Forms of Tuberculosis	3	10	8	11	11	1	11	12	22	12	8	21	12	1	25	19	7	7	7	1	1	5	10	21	18	3	10	18	292	161	
Totals ..	147	351	178	321	112	99	235	190	460	417	241	562	384	140	690	328	102	205	26	26	267	358	700	521	263	99	341	314	8051	4804	

Military Cases included : Pulmonary Tuberculosis, 3.

TABLE XIX.—Vital Statistics of whole District during 1925 and previous years.

YEAR.	POPULATION estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un- corrected Number.	Nett.		Number.	Rate.	of Non- residents registered in the District.	of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.		
1920 ..	492,570	13,186	13,130	26.6	6,659	13.5	255	218	1,370	104	6,622	13.4
1921 ..	519,239	11,976	11,907	23.8	6,367	12.7	293	210	1,173	99	6,284	12.5
1922 ..	522,600	10,891	10,804	20.7	6,098	11.7	252	251	884	82	6,097	11.7
1923 ..	524,200	10,271	10,195	19.4	6,038	11.5	263	237	915	90	6,012	11.5
1924 ..	525,000	9,817	9,712	18.5	6,145	11.7	278	243	871	90	6,110	11.6
1925 ..	526,900	9,461	9,321	17.7	6,185	11.7	333	226	788	85	6,078	11.5

NOTE.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it, with the corresponding rates. The rates have been calculated per 1,000 of the estimated gross population, with the exception of those for 1921 which are based upon a population of 500,995. This is an adjusted figure made up of the estimated population of the city at June, 1921, together with 53/365ths of the estimated population in the areas added to the city on November 9th, 1921.

TABLE XX.—*Causes of Death at Different Age-Periods in each Sex, during the year 1925.*

[illegible]

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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19. Spirochaetosis-ictero-hæmorrhagica

TABLE XX.—Continued.

[illegible]

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.			Under 1 year.			1 & under 2 years.			2 & under 3 years.			3 & under 4 years.			4 & under 5 years.			TOTALS—UNDER FIVE YEARS.			5 & under 10 years.			10 & under 15 years.			15 & under 20 years.			20 & under 25 years.			25 & under 35 years.			35 & under 45 years.			45 & under 55 years.			55 & under 65 years.			65 & under 75 years.			75 & under 85 years.			85 years & upwards.			TOTALS—ABOVE FIVE YEARS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Totals.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
OTHER GENERAL DISEASES NOT INCLUDED IN 1-42.— <i>Contd.</i>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.			
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.			
OTHER GENERAL DISEASES NOT INCLUDED IN 1-42.—Contd.																																								
61. Diseases of the Parathyroid Gland
62. Diseases of the Thymus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
63. Diseases of the Adrenals ..	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
64. Diseases of the Spleen ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65. Leukæmia, Lymphadenoma ..	7	5	2	..	..	1	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A. Leukæmia ..																																								
B. Lymphadenoma (Hodg-kin's Disease) ..	4	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66. Alcoholism (acute or chronic) ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
67. Chronic Poisoning by Mineral substances—																																								
(1) Occupational Lead Poisoning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Other Chronic Poisoning by Mineral substances..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
68. Chronic Poisoning by Organic Substances ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
69. Other General Diseases ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(1) Purpura ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Hæmophilia ..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(3) Other diseases included under 69..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals—Other General Diseases not included in 1-42 ..	856	427	429	6	3	1	1	..	1	..	1	7	6	13	2	5	5	2	5	3	5	13	17	19	35	75	96	136	108	126	97	37	46	2	4	420	423	843
Totals—General Diseases ..	1776	959	817	59	48	30	34	23	21	10	14	8	4	130	121	251	30	21	9	19	28	39	26	33	64	86	65	176	129	204	137	154	131	50	52	2	6	829	696	1525

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.				
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.		
DISEASES OF THE NERVOUS SYSTEM, ETC.—Continued.																																									
(2) Cerebral Tumour ..	19	11	8	..	..	..	..	1	..	..	..	..	1	..	1	..	1	..	1	..	1	..	2	1	2	2	3	3	1	..	..	..	..	..	..	..	10	8	18	
(3) Disseminated Sclerosis ..	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	2	2	4	
(4) Paralysis Agitans ..	8	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	3	..	..	..	..	2	6	8		
(5) Other Diseases included under 84.. ..	5	2	3	..	1	..	..	..	..	..	..	..	1	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	2	4	
85. Diseases of the Eye & Annexa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
86. Diseases of the Ear and Mastoid Sinus—																																									
(1) Diseases of the Mastoid Sinus	2	..	2	..	..	1	..	..	..	..	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Diseases of the Ear ..	12	8	4	1	1	..	1	..	3	..	3	..	1	..	1	..	1	..	1	3	1	5	4	9	
Totals—Diseases of the Nervous System and Sense Organs—...	568	282	286	19	14	5	7	6	2	1	1	2	2	33	26	59	2	3	8	6	4	6	2	5	9	6	15	18	36	39	61	49	77	71	33	48	2	9	249	260	509
IV.—DISEASES OF THE CIRCULATORY SYSTEM—																																									
87. Pericarditis	11	4	7	1	1	..	1	..	5	..	2	1	2	3	7	10	
88. Acute Endocarditis and Myocarditis—																																									
(1) Infective Endocarditis ..	18	10	8	1	1	2	1	3	3	1	1	1	10	8	18	
(2) Other Acute Endocarditis	14	10	4	1	..	3	..	1	1	1	1	2	2	2	10	4	14	
(3) Acute Myocarditis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89. Angina Pectoris	6	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	..	..	..	4	2	6	
90. Other Diseases of the Heart—																																									
(1) Aortic Valve Disease ..	40	27	13	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	7	4	7	4	7	4	8	13	6	1	1	1	..	..	..	27	13	40		
(2) Mitral Valve Disease ..	92	30	62	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	3	3	4	2	4	6	2	8	5	8	4	13	3	13	2	8	..	30	62	92	
(3) Aortic and Mitral Valve Disease	5	2	3	1	1	2	3	5	
(4) Other or unspecified Valve Disease	95	46	49	..	..	..	..	..	..	1	..	..	1	..	1	..	2	1	..	..	..	..	1	5	4	3	5	12	9	8	13	2	6	..	1	45	49	94		

TABLE XX.—Continued.

[illegible]

TABLE XX.—Continued.

[illegible]

VI.—DISEASES OF THE DIGESTIVE SYSTEM—

108. Diseases of the Buccal Cavity
and Annexa—

- | | | | | |
|-----|-----------------------------------|----|----|----|
| (1) | Diseases of the Teeth and Gums | .. | .. | .. |
| (2) | Ludwig's Angina | .. | .. | .. |
| (3) | Other Diseases included under 108 | .. | .. | .. |

109. Diseases of the Pharynx and Tonsils—

- (1) Tonsillitis, etc., Adenoid Vegetations
(2) Other Diseases included under 109

110. Diseases of the

TABLE XX.—Continued

[illegible]

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 years, upwards.		TOTALS—ABOVE FIVE YEARS.						
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.				
DISEASES OF THE DIGESTIVE SYSTEM.—Continued.																																									
119. Other Diseases of the Intestines	2	1	1																																						
120. Acute Yellow Atrophy of Liver	1		1																																						
121. Hydatid Tumour of the Liver	1	1																																							
122. Cirrhosis of Liver—																																									
A. Returned as Alcoholic																																									
B. Not returned as Alcoholic	20	16	4																																						
123. Biliary Calculi	19	5	14																																						
124. Other Diseases of the Liver	21	10	11																																						
125. Diseases of the Pancreas	4	2	2																																						
126. Peritonitis of unstated origin	12	3	9																																						
127. Other Diseases of the Digestive System																																									
Totals—Diseases of the Digestive System	342	189	153	57	39	7	8	3	2				1		68	49	117	2	6	3	1	5	2	2		14	7	13	11	34	21	20	24	22	3	12		2	121	104	225
VII.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM.																																									
128. Acute Nephritis (including unspecified under 10 years of age)	19	9	10			1	1							1	1	2				2	1	2	1					2	2	1	2			1	1			8	9	17	
129. Chronic Nephritis (including unspecified over 10 years of age)	159	86	73											1	1																										
130. Chyluria																																									
131. Other Diseases of the Kidneys and Annexa	10	5	5	1										1																											

TABLE XX.—Continued.

[illegible]

TABLE XX.—Continued.

[illegible]

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.				
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.				
IX.—DISEASES OF THE SKIN AND CELLULAR TISSUE.																																									
151. Gangrene—																																									
(1) Senile Gangrene ..	10	3	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Other Gangrene ..	2	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
152. Furuncle ..	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
153. Phlegmon, Acute Abscess—																																									
(1) Phlegmon.. ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Acute Abscess ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154. Other Diseases of the Skin and its Annexa ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(1) Ulcer, Bed sore ..	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(2) Eczema ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(3) Pemphigus ..	6	1	5	1	5	..	..	..	..	..	..	..	..	1	5	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(4) Other Diseases included under 154 ..	9	3	6	2	4	1	..	..	..	..	..	..	..	3	4	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals—Diseases of the Skin and Cellular Tissue.	35	12	23	3	9	1	1	5	9	14	1	1	..	1	..	1	..	1	..	1	..	1	..	1	..	21	
X.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.																																									
155. Diseases of the Bones—																																									
(1) Infective Osteomyelitis and Periostitis ..	2	1	1	1	1	1	2	
(2) Other Diseases of the Bones ..	8	5	3	..	..	..	..	..	..	..	..	..	..	2	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156. Diseases of the Joints ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157. Amputation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158. Other Diseases of the Organs of Locomotion ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals—Diseases of the Bones and Organs of Locomotion.	11	7	4	1	1	1	1	3	4	2	1	..	1	..	1	..	1	..	1	..	1	..	6	1	7

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.						
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	Totals.	M.	F.	Totals.				
XIII.—OLD AGE.																																											
164. Old Age—																																											
(1) Senile Dementia ..	13	2	11																																								
(2) Other forms of Senile Decay ..	143	52	91																																								
Totals—Old Age ..	156	54	102																																								
XIV.—EXTERNAL CAUSES.																																											
165 and 166. Suicide by Solid or Liquid Poisons and Corrosive Substances ..	6	3	3																																								
167. Suicide by Poisonous Gas ..	8	5	3																																								
168. Suicide by Hanging or Strangulation ..	5	3	2																																								
169. Suicide by Drowning ..	7	6	1																																								
170. Suicide by Firearms ..	1	1																																									
171. Suicide by Cutting or Piercing Instruments ..	9	7	2																																								
172. Suicide by jumping from High Place ..	1	1																																									
173. Suicide by Crushing ..	1		1																																								
174. Suicide by other means ..																																											
175. Poisoning by Food ..																																											
176. Poisoning by Venomous Animals ..																																											
177. Other Acute Accidental Poisonings ..	2	1	1																																								

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.				
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.			
EXTERNAL CAUSES.—Continued.																																									
178. Conflagration	
179. Burns (conflagration excepted)	29	18	11	1	..	3	1	2	4	..	4	1	10	6	16	1	3	1	1	
180. Accidental Mechanical Suffocation	16	11	5	10	5	10	5	15	1	
181. Accidental Absorption of Irrespirable Poisonous Gas	3	2	1	
182. Accidental Drowning	10	6	4	2	2	2	1	
183. Accidental Injury by Firearms	1	1	
184. Accidental Injury by Cutting or Piercing Instruments	4	3	1	1	
185. Accidental Injury by Fall	52	29	23	2	2	1	..	1	..	1	..	1	1	1	1	
186. Accidental Injury in Mines and Quarries	10	10	6	1	..	1	..	1	
187. Accidental Injury by Machinery	3	3	1	
188. Accidental Injury by other forms of Crushing (railways, vehicles, land-slides, etc.)	56	47	9	1	1	..	1	5	..	5	1	6	..	2	..	5	1	5	1	7	..	3	2	6	2	2	2	46	9	55	
189. Injury by Animals (poisoning excepted)
190. Wounds of War	3	3
191. Execution of Civilians by Belligerent Armies
192. Hunger or Thirst
193. Excessive Cold
194. Excessive Heat
195. Lightning
196. Electricity (lightning excepted)	1	1

TABLE XX.—Continued.

CAUSE OF DEATH.	TOTALS—ALL AGES.		Under 1 year.		1 & under 2 years, 3 years.		2 & under 3 years.		3 & under 4 years.		4 & under 5 years.		TOTALS—UNDER FIVE YEARS.		5 & under 10 years.		10 & under 15 years.		15 & under 20 years.		20 & under 25 years.		25 & under 35 years.		35 & under 45 years.		45 & under 55 years.		55 & under 65 years.		65 & under 75 years.		75 & under 85 years.		85 years & upwards.		TOTALS—ABOVE FIVE YEARS.										
	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.	M.	F.								
EXTERNAL CAUSES.—Continued.																																															
197. Homicide by Firearms						
198. Homicide by Cutting or Piercing Instruments ..	4	1	3					
199. Homicide by other means				
200. Infanticide ..	1	..	1	..	1	1			
201. Fracture (cause not specified)	1	1			
202. Other External Violence ..	11	10	1	1			
203. Violent Deaths of Unknown Causation ..	1	1			
Totals—External Causes.	246	174	72	12	6	3	1	2	6	6	1	23	14	37	10	5	7	1	17	..	11	3	15	9	12	5	30	7	19	6	18	6	9	11	3	5	151	58	209						
XV.—ILL-DEFINED DISEASES.																																															
204. Sudden Death	
205. Cause of Death unstated or ill-defined—																																															
(1) Heart Failure, 1-70 years	1	..	1	
(2) Other ill-defined causes..
(3) Cause not specified ..	1	1	..	1	1
Totals—Ill-defined diseases ..	2	1	1	1	1
GRAND TOTALS	6078	3253	2825	422	366	99	95	54	50	28	26	21	12	624	549	1173	60	48	41	43	79	57	63	62	153	149	212	171	443	300	545	374	627	518	357	441	49	113	2629	2276	4905				

CITY HOSPITALS.

Statistics have been furnished by Dr. Egerton H. Williams, Medical Superintendent of the City Hospitals, with regard to hospital treatment during 1925 and previous years, also in reference to bacteriological and other examinations carried out during the year by the staff, as follows :—

TABLE XXI.—*Daily Average Number of Patients in the City Hospitals.*

Year.	Daily Average Number of Cases in each of the City Hospitals.				Total Daily Average Cases in the City Hospitals	Highest Number in any one day.	Date.	Lowest Number in any one day.	Date.
	Lodge Moor.	Crimicar Lane.	Winter Street.	Moor End.					
1911	217.7	18.8	..	19.2	255.7	351	Mar. 31	191	Aug. 26
1912	252.8	19.4	20.4 (6 months)	19.6	312.2	319	Jan. 6	191	April 29
1913	348.8	24.5	68.8	24.5	466.6	559	Dec. 13	366	Jan. 22
1914	335.4	27.0	76.0 Entirely under Military control	25.8	464.2	554	Mar. 5 & 10	364	Nov. 9
1915	303.4	78.2		28.7	410.3	506	Nov. 18 & 20	354	April 29
1916	203.6	91.18	Military 95.7	27.23	417.7	482	Jan. 29	356	Jan. 10
1917	223.58	93.16	Military 111.81	27.96	456.5	566	Dec. 29 & 30	379	Sept. 10
1918	252.05	98.65	Military 90.13	32.75	473.5	574	Jan. 17	381	Aug. 14
1919	211.56	100.36	Military and Consumptives *37.31	41.75	390.98	501	Oct. 23	285	July 2
1920	210.09	102.59	Consumptives 92.04	41.76	446.48	570	May 29	339	Aug. 28
1921	228.85	99.9	91.74	40.66	461.15	563	Dec. 20 & 22	353	Aug. 29
1922	245.4	102.0	92.1	40.8	480.3	562	May 4	367	Sept. 4
1923	261.1	106.9	97.2	40.7	505.9	572	Feb. 8	392	Aug. 18 & 21
1924	282.09	103.28	102.5	38.18	526.05	588	June 1	442	Sept. 8
1925	279.1	107.1	106.9	42.2	535.3	639	Nov. 27	465	Aug. 28

*Military Cases—100.76, 6 weeks. Consumptive Cases—60.73, 5 months.

TABLE XXII.—*Showing the Notifications. Percentages of Cases admitted, and Death Rate, for the Three Principal Diseases.*

Year.	Notifications.			Percentage of Cases Admitted on Notifications.			Total.	Death Rate Calculated on Total completed Cases.
	Scarlet Fever.	Diphtheria.	Enteric Fever.	Scarlet Fever.	Diphtheria.	Enteric Fever.		
1903	2,114	492	345	67·3	44·2	75·2	62·2	5·06
1904	2,906	400	348	76·8	53·3	72·2	67·4	4·4
1905	3,087	407	322	69·5	52·5	71·9	64·6	4·1
1906	4,905	675	390	63·3	50·9	81·0	65·08	4·6
1907	2,358	431	212	72·7	48·4	75·0	65·3	4·9
1908	1,404	438	237	80·6	62·7	75·5	72·9	4·1
1909	1,532	376	175	81·2	66·3	76·2	74·5	3·6
1910	1,356	401	124	78·6	69·3	79·2	78·6	3·7
1911	1,385	505	253	84·5	74·4	80·2	79·7	4·3
1912	1,741	548	164	90·6	77·1	80·4	86·9	3·8
1913	3,512	831	73	68·4	67·7	61·6	68·1	3·3
1914	3,131	846	114	74·8	71·6	72·8	74·1	3·9
1915	2,163	1,006	102	82·9	78·03	84·3	81·38	3·8
1916	847	817	69	87·1	84·7	73·9	85·4	4·4
1917	1,170	545	55	88·4	89·3	83·6	88·5	3·8
1918	1,491	615	45	89·6	91·7	86·6	90·1	3·3
1919	1,230	513	16	85·36	87·9	93·75	86·18	1·8
1920	866	600	25	84·52	88·33	88·0	86·1	2·2
1921	1,013	685	47	90·8	88·46	74·46	89·45	2·2
1922	1,296	648	47	88·96	88·11	68·08	88·19	4·02
1923	1,490	502	42	87·24	91·43	71·42	87·95	1·78
1924	1,332	515	45	89·8	91·4	71·1	89·8	1·74
1925	1,285	825	40	88·4	93·21	72·5	89·9	2·33

TABLE XXIII.—Average Duration of Patients in Hospital.

DISEASE.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	Average for 10 Years.	1925
		Days.	Days.	Days.	Days.	Days.	Days.	Days.	Days.	Days.	Days.	Days
Scarlet Fever ..	43.7	46.7	46.3	45.4	42.3	46.4	47.5	42.6	44.34	43.7	44.9	42.92
Diphtheria ..	37.3	44.2	34.7	43.5	39.0	40.3	43.2	43.4	52.95	52.06	43.06	45.35
Enteric Fever ..	34.6	57.9	44.3	47.8	59.8	55.3	56.1	61.1	36.7	58.2	51.18	58.18
Measles ..	..	30.3	30.1	25.2	29.1	26.8	37.1	28.1	34.8	34.6	*30.67	28.0
Other Diseases ..	19.0	25.5	24.0	20.8	24.3	25.0	28.1	26.6	27.98	26.2	24.74	25.39
Total for all Diseases ..	39.4	41.8	37.2	38.9	36.0	35.9	38.5	37.5	40.66	38.8	38.46	38.18

* Average for 9 years only.

BACTERIOLOGICAL WORK CARRIED OUT AT LODGE MOOR HOSPITAL.

Bacteriological work has been entirely done by the Resident Medical Officers at Lodge Moor Hospital. Media on which organisms are grown has been prepared in the Laboratory as in previous years.

EXAMINATIONS CARRIED OUT DURING YEAR 1925.

Swabs (Throat and Nasal) and Statim Smears	3,006
Special Examinations of Urines	70
Blood Examinations	13
Cerebro-Spinal Fluid	10
Pneumonic and Tubercular Sputum	118
Widal Reaction for Typhoid	12
Pleural Effusions	10
Wounds	3

SANITARY ADMINISTRATION.

GENERAL SANITARY WORK.

TABLE XXIV.—*Summary of Work done by Sanitary Inspectors during 1925.*

Details of Work done.	No. 1 District.	No. 2 District.	No. 3 District.	No. 4 District.	No. 5 District.	TOTAL.
(1) Premises visited on account of Nuisances	1,092	1,806	2,101	2,008	1,557	8,564
(2) Premises where Smoke Test applied to Drains	258	368	207	164	143	1,140
(3) Premises where Water Test applied to Drains	295	822	487	733	557	2,894
(4) Premises where Colour Test applied to Drains	152	165	239	105	88	749
(5) Visits to Work in progress	3,063	4,909	2,695	4,358	4,209	19,234
(6) Miscellaneous Visits	3,833	4,945	6,089	6,425	5,172	26,464
(7) Interviews with Owners	225	442	378	350	263	1,658
(8) Nuisances abated	1,120	1,829	1,812	1,465	1,423	7,649
(9) Yards paved	138	289	329	258	248	1,262
(10) Visits for Zymotic Diseases	362	657	741	648	686	3,094
(11) Visits for Disinfection of Premises ..	225	390	465	318	281	1,679
(12) Visits to Milkshops and Cowsheds ..	97	88	30	74	97	386
(13) Visits to Butchers' Shops and Slaughterhouses	969	..	1,399	3,026	1,116	6,510
(14) Visits to Offensive Trades	10	..	49	298	178	535
(15) Notices served (a) Statutory ..	220	444	586	296	288	1,834
Do. (b) Informal	827	2,442	2,031	1,395	1,122	7,817
(16) Proceedings taken .. .. .	..	4	13	2	1	20

In addition to the visits shown at No. 10 in the above table, 1,020 visits were paid to Small Pox Contacts by the Staff of Women Inspectors.

HOUSING OF THE WORKING CLASSES ACTS.

It is still impracticable to apply the powers contained in the Housing Acts on account of the impossibility of re-housing those who occupy houses which are unfit for habitation and which ought to be condemned. The following statement shows the result of the action taken :—

Three Representations under the above were made during the year. They had reference to the following properties—

323, Cricket Inn Road.

1, 2, 3, 4 and 5, Southey Cottages and two cottages fronting the street and adjoining “ the Travellers’ Rest,” Southey.

5, 6, 7 and 8, in Court 9, Carlisle Street.

Closing Orders were made in respect of all these houses.

The following houses were demolished voluntarily :—

House numbered 3 in Court 43, Solly Street.

„ 126, Edward Street.

„ 128, Edward Street.

Particulars with regard to the work will be found in Table XXVII.

HOUSING OF THE POPULATION.—2,050 new houses were certified during the year 1925, as against 887 in 1924, 665 in 1923, 979 in 1922, and 1,031 in 1921.

During 1925 there were 3,987 marriages and 3,243 more births than deaths. The overcrowding in the City is still deplorable.

The number of families on the waiting list of the City Treasurer for Municipal houses was, at the time of going to print, 2,822.

* Very numerous applications of a most pathetic description are received at this office, of which only a very small number can be entertained. Unfortunately, this has led in many cases to sub-letting by tenants of the Corporation, and already owing to this fact conditions are being created in some of the Corporation Estates which are most undesirable, but which it is impossible for the Treasurer’s Department to control until the population can be adequately housed. The City Treasurer is, however, dealing as far as possible, and without avoidable delay, with all cases in which defects or abuse by tenants of the property are reported by the Medical Officer of Health, and is co-operating in every way with the efforts of the Health Department to prevent the development of insanitary conditions.

The following table shows the number of dwelling houses certified for human habitation since 1886, the figures being for the Municipal year ending 31st March—thus the number for the year 1925 means the number certified during the year ended 31st March, 1926.

TABLE XXV.—Houses Certified since year 1886.

Year ending March.	Houses Certified.	Year ending March.	Houses Certified.	Year ending March.	Houses Certified.
1886	725	1899	2,650	1912	703
1887	928	1900	2,876	1913	542
1888	806	1901	2,118	1914	570
1889	830	1902	1,977	1915	399
1890	903	1903	2,051	1916	397
1891	692	1904	1,963	1917	57
1892	786	1905	1,982	1918	8
1893	822	1906	1,904	1919	78
1894	632	1907	1,753	1920	413
1895	523	1908	1,778	1921	1,165
1896	1,059	1909	1,469	1922	814
1897	1,443	1910	1,243	1923	646
1898	2,273	1911	866	1924	1,061
				1925	2,178

The following table shows the number of new houses certified as fit for human habitation by the Chief Building Surveyor during each calendar month from the Armistice to the end of March, 1926 :—

TABLE XXVI.—*Houses certified each month since the Armistice.*

PERIOD.	1918	1919	1920	1921	1922	1923	1924	1925	1926
January	18	43	81	25	54	95	116
February	9	34	140	100	44	111	111
March	23	119	109	40	48	114	221
April	30	48	99	41	29	165	..
May	2	31	126	58	34	153	..
June	43	70	98	55	84	115	..
July	1	..	47	172	36	69	173	..
August	17	43	30	35	86	183	..
September	10	122	4	27	65	230	..
October	67	89	54	62	122	257	..
November	6	215	44	44	90	259	..
December	1	27	42	170	22	142	162	195	..

Of the 2,178 houses certified in the last 12 months of the period given in the table, 1,361 were erected by the Corporation.

During the year under review the work of repaving back yards has received special attention, and 1,262 yards have been completed, 327 more than during 1924. In my opinion this is one of the most important practical sanitary reforms, as it can constantly be seen that when an unpaved and dirty back yard is put in good condition the effect is to improve the sanitary condition and cleanliness of the whole interior of the houses using such yard.

The whole cost of this work falls upon the property owners, and there are many cases of small owners where the expenditure involves considerable hardship or where the money actually cannot be found. This naturally interferes very much with the progress of the work.

The City Council agreed to the recommendation of the Health Committee that in suitable cases this work might be carried out at the cost of the Corporation, and the amount repaid by the owner by instalments to be approved by the Committees concerned. I anticipate that this arrangement will greatly facilitate this most important sanitary reform.

The usual table asked for by the Ministry of Health is appended.

TABLE XXVII.—HOUSING.

1. UNFIT DWELLING-HOUSES.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	19,451
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	31
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	49
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. .	2

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	15,831
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3. ACTION UNDER STATUTORY POWERS.

A.—Proceedings under section 3 of the Housing Act 1925—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .	..
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners .. .. .	..
(b) By Local Authority in default of owners .. .. .	..
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..	..

B.—Proceedings under Public Health Acts—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	14,539
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By owners	3,693
(b) By Local Authority in default of owners .. .. .	..

C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925—

(1) Number of representations made with a view to the making of Closing Orders	3
(2) Number of dwelling-houses in respect of which Closing Orders were made	12
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit .. .. .	..
(4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	..
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	..

CANAL BOATS ACTS.

The number of inspections of Canal Boats during the year was 315. On the whole, the boats were in fairly good condition.

The total number of infringements complained of was 76, relating to 45 inspections of boats.

The infringements complained of were :—

Absence of certificate	..	..	..	..	..	..	25
Certificate not identifying owner	..	..	..	..	..	..	7
Want of marking, lettering or numbering	..	..	..	..	..	..	31
Want of painting of cabins	..	..	..	..	..	..	8
Want of repairs to cabins	..	..	..	..	..	..	5
Total infringements	..	..	..	..	..	..	<u>76</u>

Ten of these boats were put in order : fourteen were new and were awaiting registration at places outside Sheffield before marking. In the case of the remaining twenty-one boats, the owners promised to give the matters attention.

It was not found necessary to institute legal proceedings with regard to any infringements.

There has been no case of infectious disease on board any of the boats during the year.

There has been no boat detained for cleansing or disinfection during the year.

The number of boats on the Sheffield register on December 31st, 1925, was 72, made up as follows :—

Boats believed to be in actual and present use	..	..	..	..	..	6
Boats not seen since 1916	..	..	..	..	..	14
Boats not seen since 1911	..	..	..	..	..	52
Total	..	..	..	..	..	<u>72</u>

Two boats were removed from the Sheffield register during 1925. These were re-registered at Hull.

No boats were registered during the year.

Visits to the Canal during the year were 63.

The total number of persons living on board at the time of the inspection was as follows :—

Males over 14 years of age	..	..	..	..	..	369
Females over 14 years of age	..	..	..	..	..	240
Children between 5 and 14 years of age	..	..	..	..	..	78
Children under 5 years of age	..	..	..	..	..	91
Total	..	..	..	..	..	<u>778</u>

The average number of occupants per boat was 2.47. The actual number of persons who visited Sheffield on Canal Boats during the year so far as can be ascertained was as follows :

Males over 14 years of age	..	..	..	..	..	188
Females over 14 years of age	..	..	..	..	..	113
Children between 5 and 14 years of age	..	..	..	..	..	42
Children under 5 years of age	..	..	..	..	..	44
Total	..	..	..	..	..	<u>387</u>

Of the 315 boats inspected, 63 were boats registered under the Merchandise Shipping Acts by the Board of Trade. These boats were found to be in good order and in compliance with the Canal Boats Acts.

BLACK SMOKE NUISANCE.

Proceedings were taken in 25 cases as follows :—1 launderer, 12 wagon drivers, 2 traction engine drivers, 5 steel manufacturers, 1 hotel proprietor, 1 steel roller, 1 ice store proprietor, 1 tar manufacturer, and 1 snuff manufacturer.

The results of the proceedings were as follows :—in 16 cases, penalties, including costs : 1 at £30, 1 at £20, 1 at £4, 1 at £2, 6 at £1, 4 at 10/—, and 2 at 5/— each ; in 6 cases orders and costs 2 cases were dismissed and 1 case was withdrawn.

TABLE XXVIII.—*Details of Work done by Smoke Inspectors during the year 1925.*

Number of observations of chimneys of each one hour	..	..	3,154
Average number of minutes of black smoke per hour	..	..	2·3
Number of complaints received	..	..	40
„ chimneys erected	..	..	1
„ chimneys raised	..	..	10
„ notices served	..	..	31
„ firms visited to advise	..	..	108
„ proceedings during the year	..	..	25
Total penalties imposed (16 cases)	..	..	£64/10/—
Average of penalties imposed	..	..	..£4/0/7

CONVERSION OF PRIVIES INTO WATER-CLOSETS.

During the year, 1,993 privies were converted, including 217 abolished where no water-closet substituted. 147 additional water-closets were provided. The corresponding figures for 1924 were 1,438 and 111 respectively.

The work done under the supervision of this sub-department represents an expenditure during the year 1925 of about £62,000, of which the Corporation's share amounted to £19,400.

The number of sanitary conveniences at 31st December, 1925, was approximately as follows :—

(a) Privies with fixed receptacles (approximate only)	..	..	5,736
(b) Privies with movable receptacles (known as pail closets)	..	..	359
(c) Fresh water-closets	..	..	83,266
(d) Waste water-closets	..	..	1,160

The rate of Conversion of Privies during the year 1925 was above the standard set in January, 1924, when it was decided to abolish the whole of the privies in Sheffield in 5 years.

There will now however be an unavoidable slowing down on account of the facilities for drainage not being available in the outside districts where the work is now being carried out.

Full particulars with regard to the work will be found in Table XXIX.

TABLE XXIX.—Conversion of Privies into Water Closets.

Year.	Number of Notices served to Convert.	Number of Notices to provide Additional Accommodation.	Number of Premises where Work has been Completed.	Number of Houses involved.	Number of Workshops involved.	Number of Privies converted by Owners and by the Corporation.	Number of Additional Water Closets erected by Owners and by the Corporation.	Cost of Conversions executed by the Corporation.	Cost of Additional Closets erected by the Corporation.	Contributions to Owners in lieu of One-third Cost of Conversions.	Nett Expenditure by Corporation, being One-third Cost or in lieu of One-third Cost of Conversions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1890-1911	8,350	2,712	6,685	42,029	1,097	20,739	4,297	£ 142,885	£ 23,258	£ 31,053	£ 77,463
1912	453	58	482	2,321	25	1,349	117	12,414	997	2,228	6,364
1913	360	47	531	2,586	16	1,589	131	14,012	771	2,092	6,869
1914	676	74	628	2,940	36	1,822	127	20,799	803	3,295	10,173
1915	116	8	572	2,528	19	1,538	78	8,020	151	1,963	4,640
1916	..	..	52	301	1	182	11	169	..	270	321
1917	2	1	21	70	..	46	..	57	..	164	183
1918	6	1	8	43	..	23	1	148	..	44	93
1919	272	109	79	182	2	175	18	10,944	1,183	1,082	4,735
1920	394	220	259	1,070	4	731	136	31,448	3,472	3,457	13,956
1921	191	82	260	1,155	13	802	87	16,904	1,393	4,107	9,742
1922	246	152	263	1,215	21	775	101	18,627	1,008	3,241	9,488
1923	435	186	376	1,380	25	980	73	20,641	1,025	3,269	10,117
1924	913	384	565	2,027	32	1,438	111	34,941	1,875	6,026	17,686
1925	901	243	810	2,570	29	1,993	147	34,848	2,004	7,390	19,095

Nett Expenditure to 31st March, 1926, out of borrowed money £ 176,722
Amount raised in the Rate since the beginning of the Conversion Scheme 14,203

Unexpended borrowing power at 31st March, 1926 Total 190,925

N.B.—The figures in Column 7, 1923 onward, include Privies abolished where no water-closet substituted, as follows :—1923, 66 ; 1924, 73 ; 1925, 217.

The figures given in the last four columns of the table have been furnished by the City Treasurer. They refer to the financial year ending 31st March—three months later than the year to which the other figures refer.

FACTORIES AND WORKSHOPS.

The number of workshops struck off the registers during the year was 103. The list is as follows :—23 dressmakers and milliners, 11 tailors, 27 metal workers (including file cutters, forgers, engravers and chasers), 21 wood workers, 5 bakehouses, and 16 miscellaneous workshops.

The following table shows the number of workshops on the registers at the end of the year :—

Bakehouses and confectioners, including factory bakehouses	..	450
Tailors, dressmakers and milliners	.. .. .	221
Metal workers	.. .. .	534
Wood workers	.. .. .	240
Hand Laundries	.. .. .	13
Restaurant kitchens	.. .. .	63
Miscellaneous workshops	.. .. .	316
Total workshops on registers	.. .. .	<u>1,837</u>

Outwork in unwholesome premises was non-existent.

58 new and additional water-closets in factories and 31 in workshops were provided during the year, and 25 factory drains and 11 workshops drains were reconstructed.

48 visits were paid to premises, chiefly factories, where notified consumptives were employed.

The usual table with regard to inspections and defects found is given below :—

TABLE XXX.—*Factories, Workshops, and Workplaces.*

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers Prosecuted.
Factories (including Factory Laundries)	779	34	..
Workshops (including Workshop Laundries) ..	1,310	63	..
Workplaces (other than Outworkers' premises) ..	67	..	..
Homeworkers' premises	39	..	..
Total	2,195	97	..

Particulars.	Number of Defects.			Number of offences in respect to which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	37	31	..	..
Want of ventilation .. .. .	..	..	..	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors	2	2	..	..
Other nuisances	6	5	..	..
Sanitary accommodation—insufficient	12	10	..	..
unsuitable or defective	8	8	..	..
not separate for sexes	10	7	..	..
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bake-houses (ss. 97 to 100)	12	12	..	..
Other offences	17	17	..	..
Total	104	92	..	..

PREVENTION AND TREATMENT OF TUBERCULOSIS.

(REPORT BY JOHN RENNIE, M.D., D.P.H., Tuberculosis Medical Officer.)

The number of primary notifications of Tuberculosis of the Lung received during 1925 was 1,364, and Other Forms of Tuberculosis 292, giving an incidence rate per 1,000 of the population of 2.59 for Tuberculosis of the Lung, and 0.55 for Other Forms of Tuberculosis.

Table XXXI. shows the number of new cases notified, deaths, and non-notified deaths at the various age periods.

TABLE XXXI.

Age-periods.	TUBERCULOSIS.											
	Notifications (New Cases).				Deaths.				Non-notified Deaths.			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
— 1	1	..	5	3	1	..	3	2	..	..	1	2
— 5	28	16	48	31	2	2	17	13	1	1	7	5
—10	175	135	42	29	4	2	10	3	2	..	2	1
—15	86	83	21	25	1	7	1	4	..	1	1	2
—20	61†	72	16	11	12	27	7	6	1	1	2	2
—25	65‡	70	4	6	19	24	2	3	..	1	..	1
—35	91	103	10	10	37	33	5	7	..	..	3	2
—45	92	40	6	5	50	22	3	4	1	1	3	1
—55	106	39	6	2	78	17	5	1	2	1	3	..
—65	53	17	6	4	42	16	4	3	1	3	2	1
+65	24	7	1	1	15	6	..	1	1	..	..	..
TOTALS ..	782*	582	165	127	261	156	57	47	9	9	24	17

* Including 3 Military cases.

† Including 1 Military case.

‡ Including 2 Military Cases.

The policy of delaying notification until the finding of tubercle bacilli in the sputum is quite wrong, as we know that the percentage of cases which show permanent arrest when the disease has reached this stage is very small.

In 355 of the 1,364 cases of Tuberculosis of the Lung, tubercle bacilli were found in the sputum, and the advanced nature of the disease when it has reached the infectious stage is well shown by the fact that 88 of these 355 cases died before the end of the year.

The number of notifications received is not a criterion of our position as regards Tuberculosis. The principal point is the proportion of cases notified in the early and non-infectious stage of the disease, when it can be arrested before it reaches the infectious stage. In 26.03 per cent. of the 1925 notifications tubercle bacilli were found in the sputum. A large proportion of the remaining 73.97 per cent. of the cases were notified in the early and curable stage of the disease.

Our work is, therefore, directed towards a decrease in the number of infectious cases amongst the primary notifications, and establishing a diagnosis of Tuberculosis in the earliest stage of the disease, which is true preventive medicine.

The total number of notified cases on the Register on December 31st, 1925, was 4,194. Of these 884 (including five children under 15 years of age) were infectious cases, i.e., cases in which tubercle bacilli have been found in the sputum at some period of the illness. No case which at any time has been found to be infectious has so far been cancelled.

84.3 per cent. of the cases of Tuberculosis of the Lung notified during the year were examined by the Dispensary Staff. This figure shows that the patients are anxious to receive the treatment provided by the municipality. Of the remaining 214 cases, 95 were receiving treatment in Institutions other than Corporation Institutions at the time of notification, and of the other 119 cases 73 did not desire treatment, and 46 died prior to or within 14 days of notification.

The primary investigation of all notified cases is carried out by the Male Inspectors.

The Women Inspectors re-visit the homes of the notified cases of Tuberculosis of the Lung, and make reports to the Tuberculosis Medical Officer, thus keeping him in touch with the home conditions of patients whether they are attending the Dispensary or not.

The total number of such visits paid during the year was 11,791. The Tuberculosis Medical Officer receives periodical reports on the visits made by the Women Inspectors, and reviews the whole of the cases on their visiting lists.

The number of deaths from Tuberculosis of the Lung of Sheffield residents occurring in the City during the year was 403, which is equal to 29.55 per cent of the notifications received. It will be noticed that this figure bears a close relation to the percentage of notifications in which tubercle bacilli was found in the sputum, namely, 26.03. To this number must be added 14 deaths of Sheffield residents occurring outside the City.

The Death-rate for Tuberculosis of the Lung is 0.791 per 1,000 of the population, and for Other Forms of Tuberculosis is 0.197, giving a total Death-rate for the City for All Forms of Tuberculosis of 0.988.

The Death-rate has steadily declined each year since 1922, and the Respiratory Death-rate for 1925 is the lowest ever recorded in the City, and is actually lower than the Death-rate for England and Wales (0.833).

Considering the various adverse factors of a great industrial city like Sheffield, this figure must be considered very satisfactory.

TABLE XXXII.—*Deaths from Tuberculosis of the Lung occurring during 1925, divided into sex and age groups, showing whether sputum examined and result.*

AGE PERIODS.	Sputum examined.				Sputum not examined.		TOTALS.	
	Tubercle Bacilli found.		Tubercle Bacilli not found.					
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 year .. ..	..	..	..	..	1	..	1	..
1 and under 5 years ..	..	..	..	..	2	2	2	2
5 „ 15 „ ..	2	5	1	..	2	4	5	9
15 „ 25 „ ..	21	37	2	1	8	12	31	50
25 „ 45 „ ..	67	40	2	3	16	8	85	51
45 „ 65 „ ..	92	18	8	1	17	10	117	29
65 years and upwards ..	11	1	2	1	2	4	15	6
TOTALS ..	193	101	15	6	48	40	256	147

Table XXXII. shows that the diagnosis was confirmed by tubercle bacilli being demonstrated in the sputum in 72.95 per cent. of the cases.

It is very desirable for statistical purposes that the sputum of every case, even though advanced, should be examined.

TABLE XXXIII. shows the length of time between notification and death of the 403 deaths of Sheffield residents occurring in the City.

TABLE XXXIII.—Deaths from Tuberculosis of the Lung among Sheffield residents occurring in the City during 1925, divided into age periods, showing length of time between notification and death.

Age Periods.	Died prior to notification.	Period between Notification and Death.												
		Under 1 month	1 month & under 2 months.	2 months & under 3 months.	3 months & under 4 months.	4 months & under 6 months.	6 months & under 1 year.	Total under 1 year.	1 year & under 2 years.	2 years & under 3 years.	3 years & under 4 years.	4 years & under 6 years.	6 years and over	Total Deaths.
Under 1 year	..	1	..	..	..	..	..	1	..	..	..	..	..	1
1 and under 5 years	..	1	1	..	..	..	..	4	..	..	..	..	..	4
5 " 15 "	..	5	..	1	..	..	2	11	1	1	..	..	1	14
15 " 25 "	..	9	3	5	2	1	18	41	26	3	3	2	6	81
25 " 45 "	..	21	7	5	4	10	17	66	23	21	3	9	14	136
45 " 65 "	..	29	14	11	7	6	13	86	18	11	6	12	13	146
65 years and upwards	..	7	3	1	..	..	5	18	1	..	1	..	1	21
TOTALS	..	73	28	23	13	17	55	227	69	36	13	23	35	403
PERCENTAGES	..	18.11	6.94	5.71	3.23	4.22	13.65	56.33	17.12	8.93	3.23	5.71	8.68	100

It is seen that 22.58 per cent. died before or within one month of notification, and 56.33 per cent. of the total deaths occurred within one year. The percentage dying prior to, or within one month of notification, is still rather large, but is the best figure which has been recorded, and shows an improvement on former years. It must be recognised, as regards tuberculosis, that in a certain proportion of the cases the disease runs a rapid course.

Of the 35 cases, or 8.68 per cent., who had been notified for six years or over, six lived six years, three lived seven years, six lived eight years, five lived nine years, three lived ten years, two lived eleven years, four lived twelve years, one lived thirteen years, one lived fourteen years, two lived sixteen years, one lived eighteen years, and one lived twenty years. In 17 of the 35 cases who lived six years and over after notification, tubercle bacilli had been found in the sputum at least five years previously, viz., in three cases, six years previously; in one case, seven years previously; in one case, eight years previously; in two cases, nine years previously; in two cases, ten years previously; in three cases, eleven years previously; in two cases, twelve years previously; in one case, fifteen years previously; in one case, sixteen years previously; and in one case, twenty years previously.

The Dispensary, situate in Queen's Road, is open on week-days from 9.0 a.m. to 5.0 p.m., except on Saturdays, when it is open from 9.0 a.m. to 12.30 p.m., and patients are seen on Mondays, Wednesdays, and Thursdays in the morning and afternoon, on Tuesdays and Fridays in the afternoon, and on Saturday mornings. There are also two evening sessions (Tuesday and Friday), from 6.0 p.m. to 8.0 p.m., for the convenience of patients who are working. There is no branch Dispensary.

During the year I was assisted by Dr. N. Keating, Dr. J. R. Liddell, Dr. J. Hay Campbell, Dr. J. M. Tyrrell, and Dr. E. R. A. Merewether.

The Staff consisted of five Male Inspectors, two Male Clerks, two Female Clerks, two Junior (Male) Clerks, and four Female Clerk-attendants. One Inspector acts as Radiographer, and a second does laboratory work.

The revisiting of the notified cases is carried out by the Women Inspectors. It is estimated that the whole time of five Inspectors is taken up by this work.

Patients who attend the Dispensary may be divided into (a) Cases seen for the first time, and (b) Old Cases.

NEW CASES.

Table XXXIV. gives particulars of the cases at the time of their visit to the Dispensary and the result of the primary examination arranged under three headings, viz., (a) Cases notified prior to their first attendance at the Dispensary; (b) "Suspects"; (c) "Contacts."

TABLE XXXIV.—*Giving particulars of new cases examined during year and result of the primary examination.*

SEX AND AGE PERIODS.	(a) Notified Cases.	(b)—“Suspects.”			(c)—“Contacts.”		
	Number examined	Number examined	Put on Observation	Found not Tuberculous	Number examined	Put on Observation	Found not Tuberculous
ADULTS (15 years and upwards)—							
Males	91	679	664	15	300	61	239
Females	64	525	503	22	415	129	286
TOTAL ADULTS	155	1,204	1,167	37	715	190	525
SCHOOL CHILDREN (5 years and under 15)—							
Males	18	399	388	11	258	86	172
Females	19	353	338	15	260	82	178
TOTAL SCHOOL CHILDREN	37	752	726	26	518	168	350
INFANTS (under 5 years)—							
Males	17	64	54	10	58	17	41
Females	5	55	42	13	65	16	49
TOTAL INFANTS	22	119	96	23	123	33	90
TOTAL ADULTS, SCHOOL CHILDREN AND INFANTS	214	2,075	1,989	86	1,356	391	965

Particulars of the source of the 2,075 “Suspects” were as follows :—

Private Doctor.	School Medical Department.	Pensions Board.	Voluntary Hospitals.	Women Inspectors.	Maternity and Child Welfare Centre.	Own Request.	Total.
1,569	294	9	192	1	7	3	2,075

The large figure of 2,075 sent to the Dispensary for diagnosis shows that the medical profession in Sheffield continue to make full use of the Dispensary. In 70·2 per cent. of the notifications for the year the patients were sent to the Dispensary prior to notification. It is in this way that we find our early and curable cases. It is gratifying to find that the medical profession in Sheffield recognise the importance of early diagnosis, and to know that the co-operation between all members of the medical profession and the Dispensary is very good.

Cases which are diagnosed in the General Hospitals are always treated as urgent cases, and are admitted to Sanatorium without delay.

The ultimate diagnosis of these suspicious cases often entails observation for long periods, and, in many cases, residence in the observation beds in the Sanatoria.

The number of attendances at the Dispensary made by “Suspects” during 1925 was 20,917.

During the year 91 patients were examined at home in consultation with private medical practitioners.

“CONTACTS.”—1,356 “Contacts” from the homes of notified cases were examined, and of these it was found desirable to retain 28·83 per cent. for further observation and treatment.

OLD CASES—NOTIFIED.

The total number of notified cases who attended the Dispensary for treatment and supervision during the year was 4,556, and on December 31st, 1925, there remained on treatment and supervision 3,134. In addition 1,060 cases remained on General Supervision. The total number of attendances of notified cases made during the year was 33,505.

Every effort is made by the Dispensary Staff to keep in touch with the notified cases.

PATIENTS OF SCHOOL AGE.

As in former years, the work of the Tuberculosis Dispensary amongst tuberculous children has been carried on in close co-operation with the School Medical Department. The extra sanatorium beds provided have added much to the value of the preventive work amongst school children.

The School Medical Officers refer all suspicious cases to the Dispensary for diagnosis, and the responsibility for diagnosis and notification rests with the Tuberculosis Officer.

The names of all children of school age who are known to have been exposed to infection in their homes are supplied to the School Medical Officer, so that he may observe them closely during their school life. If any indication of Tuberculosis is observed amongst these children they are immediately referred to the Tuberculosis Dispensary. In this way the School Medical Officer is kept in touch with a large proportion of the children who are known to have been exposed to infection.

The greater part of the work at the Dispensary on Wednesday and on Saturday morning is devoted to children of school age, and one of the Assistant School Medical Officers attends each Session on Wednesday.

During the year 1925, 17,073 attendances (exclusive of new cases) were made by school children, 9,796 by notified cases, and 7,277 by observation cases.

Twenty-eight places at the Whiteley Wood Open-Air School, and twenty-six places at the Springvale House Open-Air School, were reserved for children selected by the Tuberculosis Officer.

Tubercle Bacilli were found in the sputum of six children, whose names were, therefore, taken off the school registers.

It will be observed from these figures that a large amount of work is being done among the school children of Sheffield, and I feel confident that this is the most encouraging part of our work, and is likely to be favourably reflected in our future tuberculosis work.

TOTAL ATTENDANCES.—The number of attendances at the Dispensary during 1925 was 61,612, which includes 5,620 attendances for ultra violet light treatment.

EXAMINATION OF SPUTA.

During the year 3,127 specimens of sputa were examined—2,572 at the Dispensary, and 555 at Crimicar Lane Sanatorium. Of these, 3,127 specimens 647 were found to contain typical tubercle bacilli.

X-RAY APPARATUS.

The work in the X-Ray Department has increased during the year, and 1,726 cases were examined, as compared with 1,332 during 1924. A first-class skiagram is not only valuable as a permanent record of the condition of a chest, but is so useful in diagnosis that it may now be considered indispensable.

INSTITUTIONAL TREATMENT.

The total number of beds available for the treatment of Pulmonary Tuberculosis was as follows :—

Crimicar Lane Sanatorium	..	..	..	108 males.
Moor End Sanatorium	..	..	..	43 females.
Winter Street Hospital	..	..	..	48 males.
" " "	..	..	..	58 females.
Eastby Sanatorium	..	..	..	8 boys.
Fir Vale Sanatorium	..	..	..	80 children.
Ecclesall Sanatorium	..	..	..	13 girls.
TOTAL	..	..	..	<u>358</u>

The following Table shows the number of admissions, discharges, and deaths at the various Institutions :—

TABLE XXXV.

	Admissions.	Discharges.	Deaths.	Number remaining at Dec. 31st, 1925
Commonside Sanatorium—				
Adult Females	225	241	8	38
Girls	21			
Crimicar Lane Sanatorium				
Adult Males	478	495	50	96
Boys of School Age	62			
Winter Street Hospital—				
Adult Males	148	566	49	103
„ Females	281			
Boys of School Age	78			
Girls	85			
Infants	24			
Eastby Sanatorium—				
Boys	38	40	..	6
Firvale Sanatorium—				
Boys	261	262	..	34
Girls	337	336	..	43
Blossom Ward—				
Girls	32	45	..	..
	2,070	1,985	107	320

The following Table shows the classification of cases received in the various Sanatoria during the year :—

This shows that a large proportion of the cases were admitted in the early stage of the disease, viz., 39·1 per cent. of the men, 42·3 per cent. of the women, and 70·7 per cent. of the children.

The early diagnosis appears to me to be the most important factor in explaining the low Death-rate for the City of Sheffield.

REPORTS, ETC., TO MINISTRY OF PENSIONS, AND TO THE REGIONAL MEDICAL OFFICER OF THE MINISTRY OF HEALTH.

During the year, 644 certificates and reports with regard to ex-service men were furnished to the Ministry of Pensions ; and 82 reports on the condition of patients were made at the request of the Regional Medical Officer of the Ministry of Health.

AFTER CARE.

The organisation with regard to after-care is carried on through the Dispensary. Unsatisfactory cases are reported to the Tuberculosis Sub-Committee, who consider the cases and instruct the Tuberculosis Medical Officer to deal with them. Shelters are lent to infectious cases, but it is found in Sheffield that the home surroundings are such that in very few cases is it possible to find adequate accommodation for a shelter. This form of isolation in Sheffield is of very little practical value. Only three shelters were lent during the year. Beds and mattresses are lent to infectious cases who are unable to provide for themselves a separate bed, and during the year 62 beds and 63 mattresses were lent.

The Tuberculosis Sub-Committee work in close co-operation with the Board of Guardians, and certain patients are granted extra relief by the Guardians on the representation of the Tuberculosis Medical Officer, thus overlapping by two Authorities is prevented.

WORK OF THE MALE TUBERCULOSIS INSPECTORS.

1. *Tuberculosis of the Lung—New Cases.*

Cases investigated—particulars obtained	..	..	..	..	..	1,324
„ no particulars available	..	..	..	..	..	14
(Principally cases in Institutions who are usually resident in Common Lodging Houses).						
Special cases—not visited	..	..	..	..	..	5
Cases not visited (Hospital in-patients)	..	..	..	..	..	2
Cases investigated (not notified prior to death)	..	..	..	..	..	18
Cases not visited (transferable deaths from other districts)	..	..	..	..	..	12
						— 1,375

2. *Other Forms of Tuberculosis—New Cases.*

Cases investigated—particulars obtained	..	..	..	..	..	251
„ not notified prior to death	..	..	..	..	..	41
Cases not visited (transferable deaths from other districts)	..	..	..	..	..	1
						— 293

Total New Cases—All Forms of Tuberculosis .. 1,668

Periodic Re-visits to Positive Cases 178

Additional visits—

(a) For further investigation	..	..	..	..	..	1,042
(b) Re-admission to Hospital	..	..	..	..	..	20
(c) For disinfection after removals	..	..	..	..	..	102
(d) For disinfection after admission to Hospital	..	..	..	..	..	1,001
(e) For disinfection after Death	..	..	..	..	..	226
						— 2,391

Total 2,569

Number of rooms sprayed 6,894

This figure includes 982 houses where every room was disinfected after death or removal of the patient.

Number of Reports to District Inspectors *re* defects in houses.. 57

Number of reports to Workshop Inspector *re* cases employed in Workshops 75

Cases left City and lost through removal—

(a) Number of Cases left the City	..	..	..	..	..	66
(b) Number of Cases lost sight of—new address not known	..	..	..	..	..	..
						—

Total 66

VISITATION OF CASES BY THE WOMEN INSPECTORS.

Number of visits to notified Cases 10,468

Number of visits to notified Cases (ex-service men) .. 212

Number of visits on discharge from Sanatorium *re* home conditions.. .. . 1,111

Total visits to cases .. 11,791

REPORT ON NON-PULMONARY FORMS OF TUBERCULOSIS FOR THE YEAR 1925, by C. LEE PATTISON, M.B., B.S., M.R.C.S., L.R.C.P., Surgical Tuberculosis Officer and Medical Superintendent King Edward VII. Hospital, Rivelin Valley.

The number of notified cases and the death-rate of the various types of non-pulmonary forms of tuberculosis is shewn in Table XXXVII. An examination of this table shews that the majority of the deaths occurring in non-pulmonary tuberculosis is due to tuberculosis of the nervous system (meningitis), i.e., 44.23 per cent., and that the percentage of deaths from diseases of the bones and joints is very small, only 13.46.

TABLE XXXVII.

	Number of Cases notified.	Number of Deaths.	Death Rate per 1,000 Population.
Nervous	58	46	·087
Intestines	50	21	·040
Vertebral (Spine)	36	10	·019
Bones, other than Vertebral	43	1	·002
Joints	23	3	·006
Skin	4	1	·002
Genito-urinary	5	3	·006
Other	73	19	·036
Total	292	104	·197

With regard to the treatment of non-pulmonary forms, very few of the cases of nervous and genito-urinary tuberculosis are suitable for treatment in the Municipal Sanatoria. Most of the cases which can be satisfactorily treated in the Municipal Institutions are those to which the term "Surgical Tuberculosis" is applied. "Surgical" tuberculosis is an inaccurate name for certain tuberculous affections which in the past came under the care of the operative surgeon.

With the development of modern methods of treatment, the gap which existed between medical and surgical forms of tuberculosis has narrowed considerably, and tuberculosis occurring in certain organs is treated sometimes by the surgeon and sometimes by the physician. Examples of this type are found in tuberculosis of the glands of the neck and in tuberculosis of the intestine, and it is a very great advantage that the medical and surgical clinics for out-patients are held in the same building so that appropriate treatment can be given in such cases. The care of tuberculosis of the bones and joints is usually allotted to the surgeon. Formerly he attempted to remove the part affected, by operation, but with the recognition of the fact that the disease of the bone is only a local manifestation of a general disease, and with the success of conservative treatment, the knife has been superseded by more rational methods which aim at the repair of the diseased tissues, thus preventing deformity and avoiding certain dangers attendant on operative interference. Nevertheless it must be recognised that in certain cases operation is imperative, and in others desirable.

In some stages of the disease treatment in a specially equipped and staffed Institution is essential and in Sheffield this need is supplied by the King Edward VII. Hospital in the Rivelin Valley.

THE KING EDWARD VII. HOSPITAL—

Here there is accommodation for 130 children, of any age up to 13 or 14 years. The Hospital is well staffed and equipped with all the modern aids to treatment, including Xray apparatus, splint department and arrangements for employing artificial ultra-violet light therapy.

TABLE XXXVIII.—*Comparative figures from 1919 of the numbers of patients admitted and discharged and of the average duration of stay in Hospital.*

Year.	Number of Patients.		Average duration of stay.
	Admitted.	Discharged.	
1919	46	30	731·5 days.
1920	75	73	695·12 „
1921	92	92	603·88 „
1922	98	112	484·48 „
1923	122	114	331·14 „
1924	123	116	369·05 „
1925	131	121	323·83 „

The above table shews a steady increase in the number of patients treated and a reduction of days in Hospital. This is largely due to the early diagnosis now made, which materially reduces the period of treatment necessary.

It is an interesting fact that the cost per patient per year has been reduced by 50·7 per cent. since 1921.

For the most part, the results obtained have been gratifying. An examination of Table XXXIX. shews that of 646 patients who have been treated since 1919, a large percentage showed no evidence of recurrence of the disease six months or more after their discharge home.

TABLE XXXIX.

Year	Number of Cases Discharged quiescent.	Percentage of Cases quiescent year ending 31st March.						
		1920	1921	1922	1923	1924	1925	1926
1919	30	86.7	86.2	86.1	83.9	84.9	86.1	85.6
1920	75	..	88.8	86.6	84.0	84.3	86.8	85.8
1921	92	..	..	86.0	82.8	83.5	84.7	84.9
1922	98	..	..	..	80.0	82.8	84.2	85.6
1923	114	..	..	..	..	84.9	86.7	87.8
1924	116	..	..	..	..	..	86.2	84.4
1925	121	..	..	..	..	..	..	81.9

That this Hospital is fulfilling the object for which it was founded is shown by the fact that whereas during the first few years there were always about 50 patients waiting for admission, at the present time there are always about 30 beds not required for Sheffield children.

Arrangements have been made, with the sanction of the Ministry of Health, for these vacant beds to be occupied by cases from areas outside Sheffield, the local authorities, from whose districts they come, paying the full cost of maintenance including service of debt and educational charges. This is on the undertaking that only beds shall be used from time to time which are not required for Sheffield patients.

The Hospital is governed by a special Committee of the Sheffield City Council.

SURGICAL TUBERCULOSIS OUT-PATIENT DEPARTMENT.

Tuberculosis is a disease of very long duration, in which periods of apparently perfect health—in which the disease lies latent—are only too frequently followed by a recurrence of its activity either at the old site or in some new position. In fact it may be said that a person who has once been affected with tuberculosis of any part of the body (with the possible exception of the lymphatic glands) is always liable to have a recurrence of the disease, and should be kept under medical supervision for life.

Under existing conditions it is impossible to keep patients in Hospital for many years, nor would it be desirable for many reasons. All that can be done is to treat them in an institution until the activity of the disease is arrested, and then discharge them with appliances which will ensure that no undue strain is put on the healing parts, and with a reasonable prospect of the disease remaining quiescent.

The adoption of this plan necessitates arrangements for constant and close supervision of the patients after their return home, and it is for this reason that the Surgical Tuberculosis Clinic is held. The Surgical Tuberculosis Officer attends twice weekly at the premises of the clinic in the Tuberculosis Dispensary, Queen's Road, and there sees patients as often as their individual needs require it. In this way no patients are lost sight of and their progress can be followed; and their treatment changed as may seem necessary. Appliances frequently need adjustment. Advice can be given as to suitable employment, and mode of life. This scheme has worked well and is shown by the fact that only a very small proportion of patients discharged from the King Edward VII. Hospital have required re-admission (See Table XXXIX). But regular examination is essential. It cannot be left to the patient to come when he feels ill, as frequently the disease will become active without the patient being aware of it in the early stages.

For example, a patient who had been discharged from the King Edward VII. Hospital three years before with quiescent disease of the spine, came to the Surgical Tuberculosis Officer for his routine examination. He declared himself to be perfectly well in every way. A large abscess had formed unknown to himself. He was re-admitted to Hospital and in a few months was able to return home again. If we had waited until the symptoms of activity had become obvious enough for the patient to seek medical advice, the disease would have either progressed too far for much to be done or would have necessitated a very long period of treatment.

In addition to patients who have been treated in the King Edward VII. Hospital, cases are also sent for advice or treatment from the Tuberculosis Dispensary, the School Medical Department, by the Honorary Staff of the Voluntary Hospitals and general medical practitioners. At the present time the disease in such patients is usually diagnosed at a very early stage and the period of treatment is thus very much reduced and the prospect of a good result is greatly increased. The success and usefulness of the work of the department owes very much to the friendly co-operation of the medical men of the City.

Adults as well as children attend, are treated at the Surgical Tuberculosis Out-Patient Department, and when necessary are admitted to the Sanatoria of the City.

Certain of the Women Health Inspectors have had periods of training at the King Edward VII. Hospital, they do very valuable work in visiting the patients' homes to see that parents understand and are carrying out directions for the treatment of their children.

There is close co-operation between this Department and the School Medical services.

During the year 1925 the total examinations made were 2,178.

Of these, the number of new patients were—Adults	40
Children	175
	—
Total new patients	215
of these, those found to be Non-Tuberculous, were	50

ULTRA-VIOLET LIGHT TREATMENT—

This form of treatment was commenced at the end of 1924 and has been continued. Nearly 200 patients (chiefly children) have been treated. The Surgical Tuberculosis Officer has had nearly 12 years' experience of this form of treatment and has found that the results obtained with out-patients correspond with those occurring in cases treated in Hospital.

In pulmonary cases no definite benefit has been noticed, and after consultation with Dr. Rennie, it was decided to discontinue this form of treatment for these patients.

In other cases the general health of most of the patients was improved, their appetite was greater, and they became more lively and energetic. A weekly record of weights was kept, the almost universal increase noted is not due to the ultra-violet light, since a comparison of the weight of these patients with that of similar patients attending the Tuberculosis Dispensary, does not show any marked difference. All patients were taking cod-liver oil.

In patients with enlargement of cervical glands, the improvement is quite definite. Most of the cases of lupus treated have improved, and some to a very marked extent.

In selected cases patients suffering with bone and joint disease improved, but in many the cure of the patients did not advance more rapidly than that of those treated by other methods.

The cost of this form of treatment is very little, and has only worked out at about 6d. per month per patient. In certain cases it has shown itself to be definitely beneficial, and the results obtained have justified the expenditure involved.

MATERNITY AND CHILD WELFARE.

WOMEN INSPECTORS' WORK—

TABLE XL.

Visits to Houses-let-in-lodgings	..	..	..	..	..	..	651
Visits with regard to Births	..	..	..	..	..	..	43,343
Visits with regard to Schools complaints	..	..	..	..	..	..	22
Visits with regard to Tuberculosis—							
Dispensary Cases	..	..	..	..	..	..	11,690
Surgical Clinic Cases	..	..	..	..	..	..	228
Discharged Soldiers	..	..	..	..	..	..	101
Visits to Midwives	..	..	..	..	..	..	137
Visits with regard to Puerperal Fever	..	..	..	..	..	..	111
Visits with regard to Ophthalmia Neonatorum	..	..	..	..	..	..	580
Visits to Expectant Mothers	..	..	..	..	..	..	105
Visits with regard to Measles	..	..	..	..	..	..	1
Visits to Small Pox Contacts	..	..	..	..	..	..	1,020
Visits for other reasons	..	..	..	..	..	..	1,864
Cases reported to the N.S.P.C.C.	..	..	..	..	..	..	6
Cases reported to the S.Q.V.D.N.A.	..	..	..	..	..	..	4
Nuisance Notices served	..	..	..	..	..	..	33
Prosecution under Public Health Act 1875	..	..	..	..	..	..	1

MIDWIVES ACTS 1902 AND 1918.

At the end of the year 1925 there were 68 midwives in practice on their own account in Sheffield. Of this number, 54 were hospital-trained midwives and 14 were untrained midwives who were in *bona-fide* practice as such at the time of the passing of the Act.

There were 137 visits of inspection paid to midwives at their own homes during the year, and 87 midwives were specially interviewed for various reasons connected with their work at the office of the Chief Inspector of Midwives. According to the rules of the Central Midwives Board notifications have been received from midwives under certain circumstances.

There were 102 notifications of still births received from midwives, 53 having reference to full time births and 49 to premature births. In each case a burial certificate was issued by the Department after enquiry had been made.

There were 794 notifications received stating that the midwife had been obliged to send for medical help, the reasons for sending for medical help, as far as could be ascertained, were as follows :

- (1) Abnormal Presentations :—Funis, 7 ; Transverse, 11 ; Face, 9 ; Breech, 23 ; Arm, foot or shoulder, 6 ; Right Occipito Posterior, 44. Total 100.
- (2) Causes affecting the Child :—Convulsions, 8 ; Debility, 12 ; Asphyxia, 7 ; Prematurity, 51 ; Spina Bifida, 6 ; Ophthalmia, 62 ; Jaundice, 9 ; Cleft Palate, Hard Lip, 7 ; Miscellaneous, 51. Total, 213.
- (3) Causes affecting the Mother :—Prolapse of the Uterine Wall, 2 ; Placenta Prævia, 6 ; Ante-partum Hæmorrhage, 24 ; Post-partum Hæmorrhage, 28 ; Uterine Inertia, 68 ; Contracted Pelvis, 26 ; Undilated Os, 2 ; Adherent Placenta or Membrane, 29 ; Lacerated Perineum, 184 ; Eclampsia, 4 ; Miscarriage, 4 ; Rise of Temperature, 44 ; Miscellaneous, 60. Total, 481.

In 6 cases the midwife sent in a notification that the mother intended to substitute artificial feeding for breast feeding.

In one instance the death of a child was reported in the practice of a midwife.

During the year it was found necessary to report a midwife to the Central Midwives Board for non-compliance with the Rules, and as a result her name was removed from the Roll of Midwives.

PUERPERAL FEVER.

	1923.		1924.		1925.	
	Cases.	Fatal.	Cases.	Fatal.	Cases.	Fatal.
<i>Cases attended by—</i>						
Doctors	25	5	23	8	28	8
Midwives	18	3	27	4	13	2
Doctors and Midwives ..	3	—	3	1	3	1
Jessop Hospital—Indoor ..	19	2	16	4	21	4
Outdoor ..	3	—	5	—	2	—
Ecclesall Hospital	—	—	1	—	1	1
Unattended Abortions ..	11	4	10	6	13	5
B.B.A.	—	—	—	—	1	—
Illegal Operation	—	—	—	—	1	1
	79	14	85	23	83	22

	1923.	1924.	1925.
Cases nursed at home	9	13	5
Cases nursed entirely in Hospital	19	17	25
<i>Cases removed after onset of disease—</i>			
To Jessop Hospital	31	23	20
„ Firvale Hospital	14	18	32
„ Ecclesall Hospital	6	13	—
„ Royal Infirmary	—	1	—
„ Rotherham Hospital	—	—	1
	79	85	83

The following statement has been supplied by the courtesy of the honorary Medical Staff of the Jessop Hospital for Women :—

THE JESSOP HOSPITAL FOR WOMEN, SHEFFIELD.

CASES NOTIFIED AS PUERPERAL SEPSIS DURING 1925. Cases. Deaths.

1. Delivered and entirely dealt with by Jessop Hospital Staff. 7 .. —
2. Delivered in Jessop Hospital after examination before admission 7 .. 2
3. Delivered in Jessop Hospital after Doctor had attempted to deliver before admission 4 .. 2
4. Delivered by Jessop Hospital Staff. All except one *not* examined.
Sepsis presumed to be autogenic—

In-Patient 3

District 2— 5 .. —
5. Cases in which diagnosis amended—

In-Patient 3

District 2— 5 .. —

— —

28 4
6. Cases delivered before admission 20 .. 3

OPHTHALMIA NEONATORUM.

	1923	1924	1925
Cases attended by doctors	50	31	26
Do. midwives	154	169	162
Do. doctors and midwives	3	4	2
Jessop Hospital Cases	9	13	16
Firvale Hospital Cases	2	3	4
Ecclesall Hospital Cases	—	1	—
Out of town cases—born out of Sheffield	1	—	—
Cases carried forward to following year	21	10	13
	<u>240</u>	<u>231</u>	<u>223</u>

The following cases were brought forward from the previous year and are included in the above numbers

12 .. 21 .. 10

DOCTORS' CASES—

	1923	1924	1925
Eyes recovered	45	30	25
Blind in one eye	2	—	—
Died from other causes during attack of Ophthalmia Neonatorum	3	—	1
Not typical of do. do.	—	1	—
	— 50	— 31	— 26

MIDWIVES' CASES—

Eyes recovered	150	166	154
Eyes damaged	—	2	1
One eye damaged	—	—	1
Blind in one eye	1	—	—
Died from Ophthalmia Neonatorum	—	—	2
Died from other causes during attack	3	1	2
Removed	—	—	2
	—154	—169	—162

CASES ATTENDED BY DOCTORS AND MIDWIVES—

Eyes recovered	3	4	2
	— 3	— 4	— 2

JESSOP HOSPITAL CASES—

Eyes recovered	8	12	14
Died from other causes during attack	1	—	—
Not visited	—	1	—
Out of town cases	—	—	2
	— 9	— 13	— 16

FIRVALE HOSPITAL CASES—

Eyes recovered	2	3	3
Eyes damaged	—	—	1
Removed and cannot trace	—	—	—
	— 2	— 3	— 4

ECCLESALL HOSPITAL CASES—

Died from Marasmus and Ophthalmia Neonatorum ..	—	1	—
		— 1	

OUT OF TOWN CASES—

Blind in one eye	1	—	—
	— 1		

	219	221	210
Transferred to following year	21	10	13
Total	<u>240</u>	<u>231</u>	<u>223</u>

MATERNITY CLINIC—					1923.	1924.	1925.
Total attendances during year	..	..	..	..	488	590	860
Total attendances from commencement	..	..	..	..	1,384	1,974	2,834
Number of sessions during year	..	..	..	..	52	51	83
Average attendance at each session	..	..	..	..	9	12	10
Total new cases during year	..	..	..	..	256	314	401

Cases sent by—

Centre Staff :

Doctors	..	..	..	..	..	5	..	6	..	8
Inspectors	..	..	..	..	..	57	..	75	..	66
Certified Midwives		..	..	..	..	70	..	90	..	93
Outside Doctors	..	..	..	..	..	5	..	5	..	4
Advised by friends		..	..	..	..	104	..	124	..	168
Attended previously		..	..	..	..	14	..	13	..	44
Ecclesall Union	..	..	..	..	..	—	..	1	..	—
Unemployment Association		..	..	..	..	1	..	—	..	—
Salvation Army	..	..	..	..	..	—	..	—	..	1
Came unadvised	..	..	..	..	..	—	..	—	..	16
Attended Clinic in London		..	..	..	..	—	..	—	..	1
						—		—		—
						256	..	314	..	401

New cases in 1920, 127 ; do. 1921, 216 ; do. 1922, 231.

Patients who paid 1 visit	..	..	..	177	—	177	199	—	199	226	—	226
Do. do. 2 visits	..	..	..	43	—	86	74	—	148	100	—	200
Do. do. 3 do.	..	..	..	17	—	51	19	—	57	30	—	90
Do. do. 4 do.	..	..	..	11	—	44	9	—	36	14	—	56
Do. do. 5 do.	..	..	..	—	—	—	2	—	10	6	—	30
Do. do. 6 do.	..	..	..	3	—	18	4	—	24	5	—	30
Do. do. 7 do.	..	..	..	3	—	21	2	—	14	5	—	35
Do. do. 8 do.	..	..	..	—	—	—	1	—	8	2	—	16
Do. do. 9 do.	..	..	..	—	—	—	1	—	9	4	—	36
Do. do. 10 do.	..	..	..	—	—	—	1	—	10	3	—	30
Do. do. 11 do.	..	..	..	1	—	11	—	—	—	2	—	22
Do. do. 13 do.	..	..	..	—	—	—	1	—	13	1	—	13
Do. do. 14 do.	..	..	..	1	—	14	1	—	14	1	—	14
Do. do. 17 do.	..	..	..	—	—	—	—	—	—	1	—	17
Do. do. 18 do.	..	..	..	—	—	—	—	—	—	1	—	18
					256	— 422	314	— 542		401	— 833	
Attendances by previous year's patients	..	..	..	..	66		48			27		
					488		590			860		

BABY CONSULTATIONS.

<i>Norfolk Street Centre.</i>					1923.	1924.	1925.
Total attendances during year	..	..	..	..	42,820	45,529	46,580
Average weekly attendance during year	..	..	..	..	823	893	896
Total attendances from commencement	..	..	..	..	410,311	455,840	502,420
Number of sessions during year (excluding Saturday mornings)					1,452	1,450	1,468
Average attendance at each session (per doctor), excluding Saturday mornings					29	31	31
Number of sessions taken by doctors	..	..	..	..	917	919	932
Number of sessions taken by inspectors	..	..	..	..	535	531	536
Total new babies during year..	..	..	..	..	3,541	3,809	3,841
Average of new babies weekly	..	..	..	..	68	75	74
New babies over one year	..	..	..	..	551	574	465
Do. under one year	..	..	..	..	2,990	3,235	3,376

ATTENDANCES PER MONTH—

	1923.		1924.		1925.	
	New Cases.	Total Attendances	New Cases.	Total Attendances	New Cases.	Total Attendances
January	342	3,798	351	3,905	308	3,750
February	218	2,879	294	3,530	301	3,591
March	332	3,676	350	3,795	334	4,144
April	310	3,268	305	3,508	305	3,544
May	248	3,142	349	3,916	294	3,713
June	359	3,652	296	3,526	352	3,861
July	331	4,055	353	4,209	369	4,297
August	328	3,866	299	3,692	331	3,931
September	275	3,612	348	4,226	350	4,367
October	325	4,326	325	4,340	322	4,186
November.. ..	266	3,618	291	3,669	295	3,788
December	207	2,928	248	3,213	280	3,408
	3,541	42,820	3,809	45,529	3,841	46,580

<i>Woodhouse Branch.</i>					1923.	1924.	1925.
Total attendances during year	..	..	..	..	900	1,374	1,395
Number of sessions during year	..	..	..	..	52	51	52
Average attendance at each session	..	..	..	..	17	27	27
Total new babies during year..	..	..	..	..	104	113	99

Handsworth Branch—

Total attendances during year	..	..	..	..	358	431	553
Number of sessions during year	..	..	..	..	26	26	26
Average attendance at each session	..	..	..	..	14	17	21
Total new babies during year..	..	..	..	..	26	49	62

CASES SENT TO HOSPITALS.

*Cases referred to other Institutions during 1925 :—*Royal Hospital, 96 ; Royal Infirmary, 70 ; Children's Hospital, 128 ; School Clinic, 12 ; Edgar Allen Institute, 34 ; T.B. Dispensary, 3. Total, 343.

SHEFFIELD QUEEN VICTORIA DISTRICT NURSES.

SUMMARY OF WORK DONE ON BEHALF OF HEALTH COMMITTEE DURING 1925.

					Cases dealt with.	Number of Visits.
Pneumonia	..	..	..	..	2,298	6,859
Tuberculosis—						
Pulmonary	..	..	..	122		
Surgical	..	..	..	181	303	1,820
				—		
Diarrhoea—						
Under 5 years	..	..	..	16		
Over 5 years	..	..	..	8	24	66
				—		
Erysipelas	..	..	..	..	10	91
Ophthalmia	..	..	..	..	10	306
Enteritis	..	..	..	..	8	140
Whooping Cough						
Under 5 years	..	..	..	51		
Over 5 years	..	..	..	16		
Adults	..	..	..	1	68	330
				—		
Measles—						
Under 5 years	..	..	..	125		
Over 5 years	..	..	..	19		
Adults	..	..	..	2	146	451
				—		
Typhoid Fever	..	..	..	..	6	81
Cerebro-Spinal Meningitis	..	..	..	..	1	10
Encephalitis Lethargica	..	..	..	..	18	591
Myelitis	..	..	..	..	1	41
Totals	..	..	..	..	2,893	10,786

REPORT OF THE MEDICAL OFFICER OF THE MATERNITY CLINIC

FOR THE YEAR 1925.

As was anticipated, in the last Annual Report, it was found necessary during 1925 to inaugurate an extra ante-natal clinic on Friday morning in addition to the Saturday one.

The total number of attendances during the year was 860 compared with 590 in 1924. The average attendance per session during 1924 was 12. During 1925 the average for Saturday was 12, and for Friday 7. The number of new cases in 1925 was 401 compared with 314 in 1924.

The following table showing by whom the patients were sent is interesting:—

CASES SENT BY—

Centre Staff						
Doctors	..	..	..	..	..	8
Inspectors	..	..	..	..	..	66
						— 74
Certified midwives	..	..	..	..	..	.. 93
Advised by friends	..	..	..	..	..	.. 168
Outside doctors	..	..	..	..	..	.. 4
Salvation Army	..	..	..	..	..	.. 1
Came on own accord	..	..	..	..	..	.. 16
Attended before	..	..	..	..	..	.. 44
Attended in London	..	..	..	..	..	.. 1
						Total 401

It shows that more patients were recommended by friends than the total of those sent by our inspectors and practising midwives. This, together with the fact that 44 patients who had attended during a previous pregnancy, attended again, suggests that the idea of having ante-natal care is becoming a popular one in the lay mind. It must be remembered that no medical treatment has been given, and so far no Municipal beds have been available in connection with the clinic.

The inspectors have visited and 331 charts have been completed. Of these cases—
286 Babies have been born alive.

26 Mothers were not pregnant.

19 Mothers miscarried, had premature babies (that did not survive the puerperium), or had still-births.

With regard to these 19 cases—

4 Mothers had tuberculosis. N.B.—Special treatment has not been recommended in the case of tubercular patients.

5 Mothers had toxæmic kidney trouble, which is always a serious complication of pregnancy, the life of the mother as well as that of the coming baby being endangered.

1 Difficult delivery. Baby still-born.

1 Mother had threatened miscarriage when seen.

1 Had an ectopic.

1 Labour induced prematurely by own doctor—reason not given.

1 Mother had twins born prematurely.

1 Mother miscarried. There was a question of procured abortion in this case.

2 Cases of still-birth. No explanation available.

2 Cases had special treatment. One began too late for it to be effective. The other discontinued it.

19 cases.

25 Cases with a history of previous miscarriage and (or) still-birth were successfully treated during 1925—the babies being born at term and being healthy.

4 Cases were unsuccessful, the two already mentioned, and a third who had had 10 previous pregnancies, but no living children. She had kidney trouble, and she has also had an operation for appendicitis. She was an unsuccessful case also in a previous report. The fourth case was delivered with difficulty at the Jessop Hospital, the baby was born alive but lived only 2 days.

11 Cases of kidney trouble. By co-operation with the patient's own doctor or the Jessop Hospital, the mothers were successfully treated, made a complete recovery, and all the babies were born alive.

The treatment for vomiting has been continued successfully and a great number of patients have been recommended to the clinic specially for this treatment.

Progress with regard to the new treatment for promoting breast feeding in mothers who have previously been unable to do so, has been somewhat slow. It will be obvious that very few results can be available until next year.

Of the five that are recorded, three mothers are successfully breast-feeding. One fed her baby for ten days, then contracted influenza, she was then too ill to do so and lost her milk. The fifth fed her baby for a few weeks but failed to continue. The inspector who visited was of opinion that she could have done so had she wished.

I should like to record my personal gratitude to Mrs. Franks and all the inspectors for their helpful co-operation. This is especially valuable in completing the records, and involves extra visiting and work, but adds greatly to the value of the clinic. Also I should like to thank Dr. Ella Bremner, who has been kind enough to take over the clinic when I have been out of town.

ALICE WHITE, M.B., M.R.C.S., L.R.C.P.

PREVENTION AND TREATMENT OF VENEREAL DISEASES.

The Clinics at the Royal Infirmary, Royal Hospital, Jessop Hospital for Women, and Children's Hospital, which were inaugurated in 1917 in accordance with the scheme which was approved by the Local Government Board, continued in full operation during the year 1925.

It will be noted from Table XLI., which follows, that while the total cost of treatment was practically the same as during the previous year, there was a considerable increase in the average cost per case. This is explained by the greater number of "In-patient Days" of treatment and the longer period of treatment generally. It will be seen from the Table also that while the actual number of cases dealt with shows a reduction from 4,876 in 1920 to 2,938 in 1925, the average number of attendances of those under treatment has increased from 11.7 to 29.6. It cannot be too clearly understood that the expenditure on the treatment of Venereal Diseases is wasted unless patients remain under treatment until a permanent cure can be guaranteed. This is the main argument in favour of notification and compulsory treatment of these diseases. At the same time one can see no reason why persons who can afford to do so should not pay the whole or some part of the cost of their treatment.

Table XLII. gives particulars of pathological examinations made in the Bacteriological Laboratory of the University, of specimens sent for diagnostic purposes by medical practitioners residing in the City.

Table XLIII. gives particulars of all the Clinics in connection with the Sheffield scheme, together with a statement of the average number of patients attending during each quarter of the year.

Table XLIV. gives a summary of the returns from the several hospitals with regard to persons dealt with, distinguishing between Sheffield residents and residents of other districts who have come in for treatment. It should be pointed out that, while the latter receive treatment at the expense of the Department, the Department is recouped in the grant from the Ministry of Health, which in the case of the Venereal Disease account is fixed at 75 per cent., whereas in the case of other grant-aided schemes the percentage is 50.

TABLE XLI.—*Venereal Diseases.—Cases Treated and Cost of Treatment since 1918.*

	1918	1919	1920	1921	1922	1923	1924	1925
Total Persons dealt with for the first time ..	1,806	2,798	2,418	1,967	1,399	1,430	1,403	1,196
Total Persons dealt with ..	2,245	4,029	4,876	4,464	3,896	3,747	3,034	2,938
Total Attendances at the Out-patient Clinics ..	12,846	28,315	28,370	30,366	27,529	38,013	38,057	35,423
Average number of Attendances per Case ..	7.1	10.1	11.7	15.4	19.7	26.6	27.1	29.6
Total "In-patient days" of Treatment	4,345	3,197	2,893	2,044	2,157	2,859	1,779	1,885
Total Cost of Treatment during financial year ending March following year stated	£5,898	£7,919	£9,463	£8,140	£6,720	£6,853	£6,246	£6,293
Average Cost per Person dealt with for the first time	£3/5/4	£2/16/7	£3/18/3	£4/2/9	£4/16/1	£4/15/10	£4/9/0	£5/5/3

TABLE XLII.—*Venereal Diseases.—Pathological Examinations made in the Bacteriological Laboratory of the Sheffield University during each year since 1918.*

Nature of Test.	Number of Tests.							
	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
For detection of Spirochetes—								
For Treatment Centres ..	6	5	1	..	2	3	2	2
For Practitioners	6	7	3	3	6	2	4	2
For detection of Gonococci—								
For Treatment Centres	1,785	5,119	5,728	5,332	4,079	3,550	3,278	2,829
For Practitioners	25	71	92	201	340	561	598	584
For Wassermann reaction—								
For Treatment Centres	1,291	2,929	3,492	2,227	1,505	1,528	1,349	1,337
For Practitioners	104	159	151	1,197	1,160	1,459	2,013	2,173
OTHER EXAMINATIONS.								
Gonococcal Complement Fixation Tests—								
For Treatment Centres .. ..	..	..	1,226	333	62	3	1	..
For Practitioners .. ..	..	..	..	4	2	2	..	..
Cultural Tests—								
For Treatment Centres .. ..	..	..	..	..	10	57	4	3
For Practitioners .. ..	..	..	..	..	..	..	9	4
TOTALS	3,217	8,290	10,693	9,297	7,166	7,165	7,258	6,934

TABLE XLIII.—*Veneral Diseases.—Clinics and Attendances during 1925.*

Institution.	Medical Officer.	Days and Hours of Consultations.	Average Number of Patients attending.				
			1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Whole Year.
Sheffield Royal Infirmary ..	Dr. Rupert Hallam ..	Monday, 1.30 p.m. to 4 p.m. (Syphilis) ..	21	23	27	25	24
		Tuesday, 1.30 p.m. to 4 p.m. (Syphilis) ..	32	29	35	31	32
		Thursday, 1.30 p.m. to 4 p.m. (Syphilis) ..	25	27	32	37	30
		Friday, 2.0 p.m. to 4.30 p.m. (Gonorrhœa) ..	17	18	18	20	18
Sheffield Royal Hospital ..	Dr. T. B. Mouat ..	Wednesday, 6.0 p.m. to 8.0 p.m. for Males only, Syphilis and Gonorrhœa ..	68	75	73	76	73
		Tuesday, 11 a.m. to 1 p.m., Men and Women (Syphilis) ..	10	12	12	10	11
		Thursday, 11 a.m. to 1 p.m., Women only ..	18	16	17	21	18
		Thursday, 7 p.m. to 9 p.m., Men only ..	10	8	7	6	8
Jessop Hospital for Women ..	Dr. J. B. Ferguson Wilson ..	Saturday, 2 p.m. to 4 p.m., Men only ..	19	19	17	22	19
		Tuesday, 7 p.m. to 9 p.m., Men only (Gonorrhœa) ..	30	25	24	28	27
		Friday, 7 p.m. to 9 p.m., Men only ..	32	36	24	27	30
		Tuesday, 5.30 p.m. to 7.30 p.m. ..	27	27	26	30	28
Children's Hospital, Western Bank	Dr. H. Leader ..	Thursday, 5.30 p.m. to 7.30 p.m. ..	27	34	33	30	31
		Saturday, 11 a.m. to 1.30 p.m. ..	15	13	11	12	13
		Wednesday, 2 p.m. to 4.30 p.m. ..	13	11	11	13	12

TABLE XLIV.—*Veneral Diseases. Summary of Returns with regard to Persons dealt with, Attendances, etc., during the year 1925, and three previous years.*

		AREA OF RESIDENCE OF PATIENTS.									
		COUNTY BOROUGH.				COUNTIES.					
		Sheffield.	Roth'th'm.	Barnsley.	Other.	Y'ks. WR.	Notts.	Derbys.	Lincs.	Other.	Totals.
Persons dealt with for the first time at or in connection with the Out-patient Clinics ..	Royal Infirmary ..	377	33	8	—	31	26	17	—	46	538
	Royal Hospital ..	335	—	—	—	29	—	6	—	—	370
	Jessop Hospital ..	168	6	—	—	29	—	13	—	3	219
	Children's Hospital ..	60	1	1	—	6	—	1	—	—	69
	Totals, 1925 ..	940	40	9	—	95	26	37	—	49	1,196
Total attendances at the Out-patient Clinics	Totals, 1924 ..	1,128	49	29	2	70	28	72	2	23	1,403
	Totals, 1923 ..	1,182	55	18	12	120	11	32	—	—	1,430
	Totals, 1922 ..	1,149	74	36	5	80	10	44	1	—	1,399
	Royal Infirmary ..	19,292	546	377	—	767	312	247	—	221	21,762
	Royal Hospital ..	8,542	—	—	—	424	—	89	—	—	9,055
Aggregate number of "In-patient days" of all patients	Jessop Hospital ..	3,060	54	21	—	488	5	285	—	3	3,916
	Children's Hospital ..	611	6	17	—	22	—	30	4	—	690
	Totals, 1925 ..	31,505	606	415	—	1,701	317	651	4	224	35,423
	Totals, 1924 ..	33,494	1,013	593	6	1,570	286	759	—	336	38,057
	Totals, 1923 ..	31,590	2,158	818	121	2,228	262	836	—	—	38,013
	Totals, 1922 ..	24,213	898	375	25	1,217	185	589	27	—	27,529
	Royal Infirmary ..	45	30	57	—	16	—	..	—	—	148
	Royal Hospital ..	129	—	—	—	—	—	24	—	—	163
	Jessop Hospital ..	988	9	—	—	8	—	147	—	—	1,152
	Children's Hospital ..	369	—	38	—	20	—	15	—	—	442
	Totals, 1925 ..	1,541	39	95	—	44	—	186	—	—	1,905
	Totals, 1924 ..	1,472	—	22	—	53	1	181	50	—	1,779
	Totals, 1923 ..	1,950	117	86	121	477	85	23	—	—	2,859
	Totals, 1922 ..	1,421	35	36	—	319	—	211	135	—	2,157

THE SALE OF FOOD AND DRUGS ACTS.

TABLE XLV.—*Results of Analyses during 1925.*

Article.	Total Samples Submitted.	Formal Samples.		Informal Samples.	
		Genuine	Adulterated.	Genuine.	Adulterated.
Milk	906	677	38	179	12
Separated Milk	4	4	—	—	—
Skimmed Milk	5	5	—	—	—
Condensed Milk	5	—	—	5	—
Cream	15	—	—	15	—
Butter	93	6	—	86	1
Lard	5	—	—	5	—
Baking Powder	1	1	—	—	—
Tea	1	—	—	1	—
Coffee	1	—	—	1	—
Cheese	6	—	—	6	—
Flour	5	—	—	5	—
Bread	1	—	—	—	1
Margarine	7	—	—	7	—
Mustard	1	—	—	1	—
Pepper	2	—	—	2	—
Corn Flour	1	—	—	1	—
Ground Ginger	6	—	—	6	—
Ground Almonds	3	—	—	3	—
Sweetmeat	1	—	—	1	—
Sponge Buns	2	—	—	2	—
Strawberry Jam	2	—	—	2	—
Beer	12	—	—	12	—
Brandy	1	—	—	1	—
Gin	7	—	—	7	—
Rum	2	—	—	2	—
Whisky	11	—	—	11	—
Vinegar	24	1	4	15	4
Ammoniated Tincture of Quinine	3	1	—	2	—
Borax (Powdered)	2	1	—	1	—
Boracic Acid	2	—	—	2	—
Cream of Tartar	1	—	—	1	—
Castor Oil	1	—	—	1	—
Camphorated Oil	5	—	—	5	—
Epsom Salts	1	—	—	1	—
Friars Balsam	1	—	—	1	—
Glycerine	1	—	—	1	—
Health Salts	1	1	—	—	—
Liquorice Powder	2	—	—	2	—
Olive Oil	1	1	—	—	—
Quinine	1	—	—	1	—
Composition Powder	1	—	—	1	—
Syrup of Peppermint	1	—	—	1	—
Sweet Spirit of Nitre	9	1	—	6	2
Total	1,163	699	42	402	20

Proceedings taken under the Sale of Food and Drugs Acts.

Number of Cases.	Nature of Samples.	Results.
22	Milk	Fines amounting to £88 15s. 0d. were imposed.
9	Milk	Dismissed on payment of Costs.
2	Milk	Dismissed.
1	Milk	Fined £30. On appeal to Quarter Sessions, conviction quashed.
5	Milk	Not taken to Court on payment of Costs. Vendors warned.
4	Vinegar	Fines amounting to £8 were imposed.
1	Milk	Case of obstruction. Vendor fined £15.

Proceedings taken under the Sale of Food Orders.

Number of Cases.	Nature of Samples.	Results.
2	Eggs	A fine of £20' was imposed in both cases.

CONTROL OF MILK SUPPLY.

	Number.	Cost.
		£ s. d.
Chemical Analyses of Milk under Sale of Food and Drugs Acts ..	915	549 0 0
Biological tests of Milk for Tuberculosis	1,229	921 15 0
Microscopical examinations of Milk for Tuberculosis	179	Work done by Department Staff.
Clinical examinations of Cows	10,882	

For further particulars see report under Sale of Food and Drugs Section (page 105), also report of Chief Veterinary Inspector, which follows (page 109), for results of examinations, etc.

PATHOLOGY AND BACTERIOLOGY.

TABLE XLVI.—Bacteriological Examinations at the Sheffield University during the year 1925.

MONTH.	Swabbings for Diphtheria.	Serum for Typhoid.	Biological Test of Milk for Tubercle Bacilli.
January	218	37	119
February	290	24	96
March	247	17	85
April	175	15	79
May	168	28	101
June	130	30	78
July	252	33	127
August	262	36	111
September	261	35	84
October	512	25	131
November	260	15	115
December	205	18	103
Totals	2,980	313	1,229

Cost—	£ s. d.
2,980 Examinations of Swabbings for Diphtheria at 3/6	521 10 0
313 „ Serum for Typhoid at 5/-	78 5 0
1,229 „ Milk for Tuberculosis at 15/-	921 15 0
10 Special Examinations, fees ranging from 5/- to £1 1s. 0d.	7 17 0
	<hr/>
	TOTAL £1,529 7 0
	<hr/>

Notes.—(1) In addition to the examinations carried out at the University, 132 microscopical examinations of Milk for Tubercle Bacilli were made at the Veterinary Department by the Staff ; and 3,127 microscopical examinations of Sputa for Tubercle Bacilli were made by the Staff at the Tuberculosis Dispensary and Crimicar Lane Sanatorium.

(2) Particulars of examinations in connection with the Venereal Diseases Clinics are given in a table on page 102.

METEOROLOGY.**TABLE XLVII.**—*Meteorology during 1925. Records taken at Weston Park (430 feet above Sea Level).*

Week ending.	Mean Barometer Corrected.	Mean Daily Sunshine (Hours).	Grass Minimum. Mean Daily Temperature	Soil 1 Foot. Mean Daily Temperature	Soil 4 Feet. Mean Daily Temperature	Air Maximum. Mean Daily Temperature	Air Minimum. Mean Daily Temperature	Total Rainfall for the week. (Inches)
Jan. 3rd	29.39	1.1	34	40.6	44.7	46	36	1.35
10th	30.11	3.2	32	39.0	43.6	44	37	0.14
17th	30.31	1.6	32	37.9	42.4	46	37	0.17
24th	30.47	1.9	33	39.6	42.2	44	37	0.15
31st	30.16	0.0	35	39.5	42.0	45	37	1.05
Feb. 7th	30.16	3.5	33	40.2	42.0	49	38	0.59
14th	29.32	2.9	34	40.2	42.1	49	36	2.15
21st	29.65	2.1	30	38.2	41.9	43	34	0.14
28th	29.21	2.3	29	37.0	41.0	43	34	1.36
Mar. 7th	30.14	1.2	34	38.9	40.7	45	38	0.42
14th	30.19	4.3	29	37.2	40.9	42	33	0.13
21st	30.28	1.2	38	41.0	40.7	49	41	0.27
28th	30.08	4.2	28	38.4	41.2	45	33	0.11
Apr. 4th	30.01	4.4	32	40.6	41.3	49	37	0.11
11th	29.77	2.3	35	42.4	41.9	54	41	0.79
18th	29.76	5.6	34	44.6	43.2	54	40	1.04
25th	29.97	5.4	34	44.9	44.1	52	39	0.19
May 2nd	29.85	2.8	33	44.3	44.6	50	37	0.90
9th	29.66	3.5	37	46.5	44.9	55	41	1.44
16th	30.01	5.9	42	49.6	45.9	64	46	0.10
23rd	29.82	3.9	44	53.6	48.1	64	49	1.51
30th	29.51	6.6	45	54.8	50.0	62	49	0.66
June 6th	30.15	10.2	42	55.4	51.1	66	48	—
13th	30.33	7.9	50	59.3	52.7	74	53	—
20th	30.10	8.1	48	59.5	54.6	66	52	0.02
27th	30.05	2.6	47	56.4	54.7	57	48	0.07
July 4th	30.01	5.5	49	57.9	54.3	71	52	0.03
11th	30.08	6.4	49	58.5	55.1	67	53	0.20
18th	30.05	7.5	51	61.3	55.9	77	57	—
25th	29.97	5.5	54	61.4	57.1	76	57	0.21
Aug. 1st	29.66	5.7	48	60.3	57.6	65	52	0.51
8th	29.89	4.4	50	59.0	57.1	68	54	1.03
15th	30.04	3.5	49	60.1	57.2	68	54	0.62
22nd	29.93	4.6	49	58.9	57.2	68	53	0.84
29th	29.94	3.0	50	58.6	57.1	66	53	0.59
Sept. 5th	30.08	3.8	48	57.6	56.9	60	51	0.10
12th	29.98	2.6	43	53.6	55.7	57	45	0.43
19th	30.06	3.9	41	52.5	54.4	61	45	1.03
26th	29.63	4.7	41	51.3	53.5	57	46	0.87
Oct. 3rd	30.33	3.7	46	52.7	52.9	64	50	0.02
10th	30.40	2.8	42	52.0	53.0	60	45	0.07
17th	30.00	2.5	36	47.7	51.8	51	41	0.76
24th	29.38	1.9	45	49.2	50.4	57	48	1.95
31st	29.62	2.4	42	49.0	50.5	55	46	0.83
Nov. 7th	29.65	1.8	41	48.8	50.1	52	45	1.85
14th	29.99	2.6	26	42.0	48.9	42	30	—
21st	30.44	0.8	27	38.4	45.8	43	32	0.02
28th	29.99	2.8	28	38.0	44.1	40	32	0.16
Dec. 5th	30.09	1.9	26	35.5	42.4	37	30	0.41
12th	29.79	2.1	31	34.8	40.9	43	35	0.61
19th	30.04	0.7	29	34.9	40.1	40	33	0.55
26th	29.31	1.3	26	34.9	39.6	37	29	0.73

REPORT OF THE CHIEF VETERINARY INSPECTOR FOR THE YEAR 1925.

DISEASES OF ANIMALS ACTS AND ORDERS.

The following is a list of the Contagious Diseases which are scheduled under the above :—

Anthrax, Foot and Mouth Disease, Parasitic Mange of Horses, Rabies, Sheep Scab, Swine Fever, Cattle Plague, Pleuro Pneumonia, Sheep Pox, Epizootic Lymphangitis, Glanders and Farcy, Epizootic Abortion of Cattle.

Of the above, Cattle Plague, Pleuro Pneumonia and Sheep Pox have not been seen in this country for many years.

Rabies and Epizootic Lymphangitis are not seen in this country unless brought in by affected animals.

Anthrax.

Eight suspected outbreaks of Anthrax were reported on premises in the City. Each outbreak was investigated, and the presence of the disease was confirmed in four of the cases reported. The affected animals were destroyed and the usual precautions taken as to disinfection of the premises. There was one prosecution for infringement of the Anthrax Order.

Foot and Mouth Disease.

Two cases of suspected Foot and Mouth Disease were reported during the year, one of which was confirmed. Twenty-one animals were found to be affected, whilst eight were in contact. The affected animals were slaughtered and the carcasses destroyed at the Corporation Destructor. The contact animals were also slaughtered and the usual precautions as to disinfection, isolation of the premises, etc., were taken and no other outbreaks occurred. During the year 255 outbreaks occurred in Great Britain, and a large number of Orders and Licences were issued in connection with these cases. The number of Licences granted under these Orders during the year was 6,000. Six prosecutions were taken.

Parasitic Mange.

Two suspected outbreaks of this disease in studs in the City were dealt with during the year. In one case the existence of the disease was confirmed, one horse being affected. It was isolated and medically treated until cured. Under the Parasitic Mange Order of 1911, in addition to notification by the owners of suspected or affected animals, it is also compulsory for veterinary surgeons to report such cases occurring in their practice. Both cases were so notified.

One of the first Orders dealing with Parasitic Mange was granted by the Ministry of Agriculture and Fisheries to Sheffield, and the value of the precautions taken under the Order is shown by the fact that the disease in Sheffield is now almost non-existent.

Swine Fever.

One hundred and forty cases of illness or death of pigs were reported during the year to the Ministry of Agriculture and Fisheries in compliance with the Swine Fever Order. These cases were investigated by the Veterinary Inspectors of the Ministry and seven were confirmed as Swine Fever. The carcasses of affected animals were destroyed at the Corporation Destructor and the usual precautions were taken with regard to disinfection of the infected premises, isolation of contact pigs and supervision of their slaughter ready for the butcher or the destruction of carcasses of animals subsequently becoming diseased.

Infected premises are generally kept under restrictions for at least three months, but where pigs subsequently die, the premises are only declared free two months after the death of the last pig. Pigs may only be moved from infected premises on a licence granted by an Inspector of the Ministry of Agriculture, and then only if found healthy, and only to a slaughterhouse for immediate slaughter. Four prosecutions were taken under this Order.

DISEASES OF ANIMALS ACTS AND ORDERS.—*Continued.**Swine Erysipelas.*

In connection with the investigation of Swine Fever, although 140 cases were reported, the disease was only confirmed in connection with 7. There is, however, another disease which seriously affects pigs, and that is Swine Erysipelas. This at present causes the death of considerably more pigs than does Swine Fever, and seeing that it is not a disease scheduled by the Ministry of Agriculture, no official precautions are taken as to isolation of affected animals, destruction of diseased carcasses or disinfection of infected premises, with the consequence that the disease often lurks on the premises for many months, and occasionally years. In cases of Swine Erysipelas occurring in Sheffield, advice as to dealing with the animals and the infected premises is regularly given to the owners with the intention of guarding the meat supplies and minimising losses to the owners.

Epizootic Abortion.

In the year 1922 the Ministry of Agriculture brought out the Epizootic Abortion Order, but owing to cowkeepers in Sheffield not being in the habit of breeding cattle on a large scale, no outbreak of the disease has been notified since the Order came into force. In addition to notification, the Order prohibits the exposure of affected animals in markets, the sale, privately, of affected animals without previous information being given to the intending purchaser and the service of cows within two months of a premature calving.

ORDERS AND REGULATIONS.

The following Orders issued by the Ministry of Agriculture and Fisheries, came into operation during the year 1925 :—

- Foot-and-Mouth Disease (Emergency Restrictions) Order of 1925 ;
- Animals (Transit and General) Order, 1925 ;
- Foot-and-Mouth Disease (Amendment) Order, 1925 (Nos. 1, 2 and 3) ;
- Imported Animals Order, 1925 ;
- Foot-and-Mouth Disease (Infected Areas) Restriction Order, 1925 ;
- Re-opening of Certain Approved Landing Places and Imported Animals Wharf Order, 1925 ;
- Order empowering Inspectors of the Ministry of Agriculture to direct the movement of animals within Foot-and-Mouth Disease Infected Areas ;
- Foot-and-Mouth (Packing Materials) Order, 1925 ;
- Disinfection of Railway Trucks and Docks Order, 1925 ;
- Markets, Sales and Lairs Order, 1925 ;
- Tuberculosis Order, 1925.

The above Orders all give increased powers to Inspectors of the Ministry or of the Local Authority, but only the following require special mention :—

FOOT AND MOUTH DISEASE (EMERGENCY RESTRICTIONS) ORDER, 1925.

The value of this Order is that it empowers a Veterinary Inspector of the Local Authority to restrict the movement of animals within 5 miles of a suspected case of Foot and Mouth Disease on the strength of his own certificate to that effect and without waiting for the arrival of the Veterinary Inspector of the Ministry of Agriculture. It does not, however, empower local Veterinary Inspectors to deal with the animals affected with or suspected of the Disease.

FOOT AND MOUTH DISEASE (PACKING MATERIALS) ORDER, 1925.

This Order gives power to local authorities to deal with hay and straw used as packing material, special attention being paid to hay and straw used for packing trees, plants, bulbs, etc. It also deals with meat cloths, wrappings, etc., used in connection with wrapping of meat, meat products and offals.

DISEASES OF ANIMALS ACTS AND ORDERS.—*Continued.*

DISINFECTION OF RAILWAY TRUCKS AND DOCKS ORDER, 1925.

Owing to Foot and Mouth Disease outbreaks being traced to railway cattle sidings being used without proper cleansing and disinfection, the Ministry of Agriculture have laid down stringent regulations as to cleansing and disinfection of railway trucks, cattle sidings, etc., and the further use of any truck is now prohibited without being first thoroughly cleansed and disinfected after previous use. The railway trucks, cattle docks, pens, etc., at the Sheffield stations are regularly cleansed and disinfected under the supervision of an Inspector under the Diseases of Animals Acts, and considerable improvements to the surfaces of cattle pens and the provision of adequate water supplies have been carried out by the railway companies who have readily complied with all the requests made to them.

MARKETS, SALES AND LAIRS ORDER, 1925.

The requirements of this Order have been postponed until July 1st, 1926.

TUBERCULOSIS ORDER, 1925.

Previous Tuberculosis Orders were made in 1913 and 1914, the latter being suspended on August 6th, 1914, owing to the War.

The new Order came into force on September 1st, 1925, and was complementary to the Milk and Dairies (Consolidation) Act, 1915, which came into force on the same date.

The Tuberculosis Order requires notification of certain classes of tubercular disease in cattle, and empowers Local Authorities to examine and deal with affected animals by valuation, slaughter and payment of compensation according to the extent of the lesions found by post-mortem examination. Under the Order during the four months ending December 31st, 30 affected animals were dealt with. The total value amounted to £310 and the compensation paid to £169. Three-quarters of the latter is refunded to the Local Authority by the Exchequer.

MEAT INSPECTION.

Important changes in the law respecting the slaughter of animals and the inspection of meat came into force during the year, and at the request of the Health Committee, the following instructions were sent to owners of animals and to occupiers of slaughter-houses, stalls and shops.

CITY OF SHEFFIELD.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The above Regulations came into force on Wednesday, April 1st. Under these Regulations it is required that :—

1. Persons shall not slaughter animals for sale for human consumption unless not less than three hours' notice before the time of slaughtering has been delivered or caused to be delivered to the Local Authority of the day and time and of the place on and at which the slaughtering will take place, unless—

- (a) Written notice of the practice of killing animals at fixed times and on fixed days has been given to the Local Authority when special notice will only be required in the case of the slaughter of animals not in accordance with such practice ; or
- (b) Where, by reason of accidental injury, illness, or exposure to infection, it is necessary that an animal should be slaughtered without delay, notice of the slaughter must be given to the Local Authority as soon as reasonably possible either before or after slaughtering takes place.

2. The person slaughtering or on whose behalf the animal was slaughtered finding disease on any part of the carcase or internal organs shall forthwith give notice to the Local Authority.

3. Carcases and organs of animals slaughtered shall not be removed from the slaughterhouse until the carcase and organs have been inspected or removal has been authorised by an inspector of the Local Authority, provided that :—

- (a) Such notice shall not be required in the case of a sheep or in the case of an animal slaughtered where special notice is not required under Article 1 of this summary unless some part of the carcase or organs appear to be diseased or unsound.
- (b) Detention shall cease three hours from the time of slaughter or six hours from the delivery of any notice relating thereto under Articles 1 and 2, but where the expiration of such time falls between 7 p.m. on one day and 7 a.m. on the next day, the removal shall not take place before 7 a.m.
- (c) Where the animal was slaughtered on account of accidental injury and the place of slaughter is unsuitable for the retention of the carcase, the carcase and organs may be removed to some convenient place, due notice under Article 1 being given to the Local Authority where the place of removal is situated.

4. The Local Authority for the City of Sheffield have decided that all notices under these Regulations shall be given or sent by letter to the Chief Veterinary Inspector at his office at the Town Hall, Sheffield (Telephone No. Central 4910).

5. Slaughterhouses must not be used for gut scraping, tripe cleaning, manufacture or preparation of articles of food for man or for animals, household washing, or work of any nature other than that involved in the slaughtering and dressing of carcasses.

6. No article shall be stored in any slaughterhouse except implements, appliances and receptacles required for the slaughtering of animals and processes directly connected therewith, including the dressing, hanging and storing of carcasses, the cleansing of the slaughterhouse and the removal of refuse.

7. It is unlawful to blow or inflate the carcase or any part of the carcase of any animal slaughtered within or brought into the City of Sheffield, and it is also a punishable offence to deposit or offer for sale a carcase so blown or inflated or any part of such carcase. (Sheffield Corporation (Consolidation) Act, 1918, Section 371).

8. No slaughterhouse shall be used for the slaughter of any animal which previous to slaughter is not intended for human consumption.

9. The Local Authority may make arrangements for the marking of carcasses subject to the consent and approval of the Ministry of Health, but no carcasses will be marked unless the meat inspector has inspected the whole of the carcase with the organs in position at the time of slaughter, and such carcase and organs have been found to be free from disease, sound, wholesome and fit for the food of man. Carcases will not be marked except at the request or with the consent of the person having possession of the carcase at the time of inspection.

The Local Authority may charge for such marking, but the sum so charged shall not exceed 1/- for each carcase or part of a carcase so marked, such charges to be recoverable summarily as a civil debt from the person requesting or consenting to the marking.

10. Special precautions for cleanliness and sanitation are required from persons selling or exposing or offering meat for sale from any stall, particular attention being given—

- (a) To have the name and address of the occupier of such stall in some conspicuous position, such stall to be covered over and screened at the sides and back so as to prevent splashing and dust; and
- (b) Take such steps as may be reasonably necessary to prevent contamination of the meat by flies.

11. Somewhat similar precautions have to be taken in connection with shops and stores where meat is sold or exposed for sale or deposited for the purpose of sale or preparation for sale or with a view to future sale.

12. Persons conveying or causing to be conveyed any meat in a vehicle must take special means to keep the vehicle clean, adequately covered, and shall not permit any live animal to be conveyed in the vehicle at the same time as meat. Meat whilst being handled or transported must not come into contact with the ground, and reasonable precautions taken to prevent the exposure of meat to contamination.

13. Persons carrying meat in or about the market or other place in which meat is sold wholesale or any place wholly or mainly used for the storage of meat before it is distributed to retailers shall, while so occupied, wear clean and washable headcoverings and overalls, but this requirement does not apply to any meat which is packed in hampers or other strongly-constructed and impervious cases or is adequately wrapped in jute or some other stout fabric.

VETERINARY INSPECTOR'S OFFICE,

TOWN HALL, SHEFFIELD, MARCH, 1925.

Under the above Regulations, three prosecutions were taken, one being for slaughter on unlicensed premises, and two for failure to notify time and place of slaughter.

SLAUGHTER-HOUSES.

The number of slaughter-houses in use last year was 166, 41 of which belong to the Corporation and are let out to butchers. Of the 125 private slaughter-houses, 88 are licensed annually under the Sheffield Corporation (Consolidation) Act, 1918. In addition there are three licensed horse slaughter-houses and one place licensed as a knacker yard.

The slaughter-houses, meat and fish markets were regularly inspected, the total number of visits paid being 6,685 to slaughter-houses; 3,807 visits were also paid to the market places, shambles, shops, stores, &c.

The following carcasses were brought into No. 25 slaughter-house, Killing Shambles (the slaughter-house set apart by the Corporation for diseased or suspected animals): 637 carcasses of beef, of which 182 were condemned; 36 carcasses of mutton, $34\frac{1}{2}$ of which were condemned; 21 carcasses of pork, $19\frac{1}{2}$ being condemned; and 26 carcasses of veal, 24 of which were condemned.

Particulars with regard to all carcasses condemned during the year are as follows:—

The number of carcasses of meat affected with Tuberculosis, condemned

and destroyed	94 carcasses of beef.
	7 carcasses of pork.

The number of carcasses of meat affected with various other diseases

and for other causes condemned and destroyed	66 carcasses of beef.
	42 carcasses of mutton.
	46 carcasses of pork.
	89 carcasses of veal.
	1 carcase of goat.

In addition the following were also condemned and destroyed:—

Preserved Food.—2,200 tins of canned food.

Game, etc.—3 hares, 3 brace pheasants, 9 brace wood pigeons, and 19 cwts. 8 lbs. of rabbits.

Poultry.—3 turkeys, 220 eggs, and one case of eggs, 2 chickens, 3 hampers rooks, and 4 cheeses.

Fruit.—104 boxes tomatoes, 2 boxes dates, 13 sieves and 1 barrel pears, 20 barrels and 40 boxes apples, 2 tons 17 cwts. potatoes, 1 bag and 1 qr. 14 lbs. onions, 38 bags carrots.

Fish.—63 tons 16 cwts. of various species.

The total weight condemned during the year was 100 tons 11 cwts. of meat; 63 tons 16 cwts. of fish; and 19 cwts 8 lbs. of rabbits.

INSPECTION OF HORSES AND CARCASSES FOR EXPORTATION ABROAD.

Number of horses submitted for examination	..	..	..	..	1,159
Number of carcasses passed for food	..	..	..	..	1,144
Number of carcasses condemned unfit for food	..	..	..	..	15
Number of carcasses exported abroad	..	..	..	..	1,144
Number of visits paid to horse slaughter-houses	..	..	..	..	569
Number of horse slaughter-houses	..	..	..	..	3

All condemned food stuffs are sent to the Corporation Destructor where they are either dealt with for salvage purposes or destroyed by burning.

LIVE STOCK AND MEAT SUPPLIES.

In connection with the particulars required *re* slaughtering accommodation for the new Abbatoirs, a census of animals coming into Sheffield by rail for slaughter was taken in February, 1925, the numbers ascertained being : cattle 429, sheep 1,082, pigs 944, calves 105 ; to these have to be added animals brought in by road, the exact figures for which could not be properly ascertained. It is probable that 25 per cent. of the total animals slaughtered come in by road. Taking the week for which the census was made as an average for the whole year, the total number of animals coming in for slaughter during the year would be : cattle 27,885, sheep 70,330, pigs 61,360, calves 6,825. These figures however must only be taken as a rough estimate and are subject to variations—they do not include fresh frozen and chilled meat coming through the cold stores.

PUBLIC HEALTH ACT.

With a few exceptions, all diseased meat, etc., inspected and condemned was submitted to inspection or surrendered by the owners. In three cases proceedings were taken for depositing diseased meat.

DAIRY INSPECTION.

In connection with the City's milk supply, there are 182 cowkeepers resident within the City, 159 having grass land attached to their premises, whilst 25 are without land. Some of the latter, however, make arrangements for turning their cows out to grass during the summer months.

Under the Milk and Dairies (Amendment) Act, 1922, the applications of 719 milk retailers for registration and the cases of 51 already on the register were dealt with by the Sanitary Sub-Committee, which, for the purpose of expediency, was divided into Rotas Nos. 1 and 2. 106 applications were refused and 49 persons on the register were removed. There were 4 appeals against the decision of the Committee to refuse registration or remove from the register, all of which were dismissed. Four prosecutions were taken under this Act.

Graded Milk.—Under the Milk (Special Designations) Order issued by the Ministry of Health, four grades of milk are mentioned—Certified, Grade A Tuberculin Tested, Grade A. and Pasteurized. So far only one application has been made for a licence to sell Certified milk, and two applications have been made with regard to the fourth.

During the year, 913 samples of mixed milk were taken for bacteriological examination, 91 of which, equal to 9·8 per cent., gave a positive result, whilst 819 were negative. 434 of the mixed samples came into the City by road conveyances, 40 of which (9·21 per cent.) were tuberculous ; 475 came by rail, 51 of which (10·73 per cent.) were tuberculous ; whilst 4 were samples taken for special reasons from supplies produced in the City, none of which were tuberculous. The number of samples of mixed milk coming into the City, taken for bacteriological examination, was 909, 91 of which (10 per cent.) were tuberculous.

In following up the 91 tuberculous (country) samples, 114 visits were made to 100 farms and the udders of 1,747 cows examined. At 57 of these farms, 59 cows with tuberculous udders were found. At the remaining 43 farms no cows with tuberculous udders were found, and subsequent control samples of the mixed milk from these farms were proved negative by bacteriological examination. In most of these instances the farmers had sold off cows during the period intervening between the taking of the tuberculous mixed samples and the date of the inspection. 9 farms were visited because the milk sellers obtained part of their milk supplies from them.

The average number of cows found at the 100 farms from which tuberculous mixed samples were sent was 18, and if we allow that number for the 819 farms from which the negative mixed samples were sent, we have 14,742 cows, the milk from which was examined bacteriologically and proved negative. The total number of country cows examined, either clinically or (through their milk) bacteriologically (1,747 + 14,742) will thus total up to 16,489, amongst which 59 cows with tuberculous udders were found, equal to a percentage of 0.35. If we take the percentage of 59 tuberculous udders amongst the 1,747 country cows clinically examined, the figures work out at 3.39 per cent.

Control Samples.—Altogether 144 control samples were taken, 133 representing 122 farms and 1,680 cows, being taken from country herds, and 11 representing 12 farms and 171 cows, from city herds.

Twenty-three of the country samples, equalling 15.97 per cent., and 4 of the City samples (36.36 per cent.), were found to be tuberculous.

Special Samples.—A total of 179 special samples were taken, 69 being from city cows, 20 of which (28.9 per cent.) were positive, and 110 from country cows, 59 of which (53.63 per cent.) were positive.

Mixed Samples.—A mixed sample is a sample of milk from the mixed milk of a herd, sent into Sheffield for sale by road or rail conveyance.

Control Samples.—A control sample is a sample of milk taken from a herd that is being inspected either during routine inspection or following up a tuberculous mixed sample.

Special Samples.—A special sample is a sample taken from a cow with a suspicious udder, found when inspecting herds in the city or country, from which milk is consumed in Sheffield.

The number of cowshed premises inside the city was 200. The occupants of 18 of these premises have given up keeping cows to produce milk for sale. The total maximum number of cows kept in the city was 2,539. Allowing each cow to be in a city cowshed eight months, it follows that about 1,269 fresh cows must be added to that number, making about 3,808 in the city cowsheds to be examined during the year.

The number of inspections of city cows made was 9,135, and 20 cows having tuberculous udders were discovered—equal to a percentage on 3,808 of 0.5. The number of visits made by the Assistant Veterinary Inspector to the city farms was 788. (Owing to the outbreaks of Foot-and-Mouth Disease the visits made to the city cowsheds had to be considerably curtailed).

Including country cows examined, 179 showed symptoms suspicious of tuberculosis of the udder, and a sample of milk was taken from each of them, 132 being sent for bacteriological examination. 35 of the latter proved positive, 97 giving negative results. Ten city cows and 37 country cows were condemned on the microscopical examination of the milk alone, making a total of 47.

The 82 cows thus definitely proved to have tuberculous udders were disposed of as follows:—Three were sold by the owners and were lost sight of; and 79 were killed, the carcasses of 41 being passed as fit for human food after the diseased parts had been first removed and destroyed, and 38 totally condemned and the carcasses destroyed at the destructor or knackers' yards.

In previous years a considerable number of country cows affected with tuberculosis of the udder were sold by the owners, their ultimate destination being concealed. Owing to these animals being dealt with in the latter part of the year under the Tuberculosis Order, all such cows found after September 1st were slaughtered. The Tuberculosis Order will in future be of considerable assistance in destroying cows affected with tuberculosis of the udder or giving tuberculous milk.

NUMBER OF SAMPLES OF MILK BACTERIOLOGICALLY EXAMINED FOR TUBERCULOUS INFECTION.

	1921.	1922.	1923.	1924.	1925.
Mixed Samples	1,057	1,073	957	966	913
Number found Tuberculous ..	88	81	68	73	91
Percentage	8.3	7.5	7.1	7.5	9.8
Control Samples	129	123	98	112	144
Number found Tuberculous ..	28	18	23	21	27
Percentage	21.7	14.6	23.47	17.85	18.75
Samples from cows with suspicious udders ..	144	132	134	146	179
Tuberculous—Biological	17		10	30	35
Do. Microscopical	64	61	63	45	47
Do. Total number found	81	70	73	75	82
Percentage	56.3	53.0	54.47	51.37	45.9
Estimated number of cows on country farms where mixed milk samples were free from tuberculous infection	16,473	13,830	13,335	16,020	14,742
Number of country cows clinically examined for tuberculosis of the udder, in following up tuberculous mixed samples	1,615	1,569	1,119	1,282	1,747
Tuberculous	61	48	53	52	59
Percentage	3.8	3.06	4.73	4.84	4.05
Number of city cows clinically examined for tuberculosis of the udder	7,471	5,674	6,427	6,950	9,135
Tuberculous	21	23	19	23	20
Percentage .. .. .	.7*	.66§	.5†	.6‡	.5||
Disposal of cows with tuberculous udders :—					
Killed	66	55	58	58	89
Passed	47	39	38	34	51
Percentage	71.0	70.9	65.5	58.6	57.3
Condemned	19	16	20	24	38
Percentage	29.0	29.1	34.5	41.4	42.7
Sold or otherwise lost sight of	17	16	16	17	5

* Percentage on 3,000 only.

§ Do. 3,500 only.

† Do. 3,700 only.

‡ Do. 3,520 only.

Do. 3,800 only.

MICROSCOPIC EXAMINATION OF MILK.

With a view to stopping the sale of milk from an animal affected with tubercular mastitis at the earliest possible moment, all the special samples taken were examined microscopically.

If the examination of the milk microscopically results in the demonstration of tubercle bacilli, a visit is at once paid to the farm and the milk from that cow stopped, and in every case an effort is made to have the animal slaughtered. In practically every case this means that the milk from the rest of the herd is now free from tuberculous infection, whereas if one were to wait for the biological test (i.e., 28 days), then the consumers of the milk from this dairy would be drinking tubercle infected milk for this period. As a rule, at the end of 28 days the report comes in that the control sample, that is, the sample from the remainder of the herd, is free from tuberculous infection.

The milk yield per day from each cow is estimated at $2\frac{1}{2}$ gallons, whilst the average number of cows found on the country farms visited during 1925 was 18, and on the city dairy premises 13. Taking into consideration the fact that the milk has been freed from tuberculous infection for 28 days, then the source of infection has been removed from 1,134 gallons in the case of country samples, and 819 gallons in the case of city samples per day for 28 days.

In 1925, 37 country cows and 10 city cows were found to be suffering from tuberculosis of the udder by microscopic examination of the special samples. Thus 50,148 gallons ($41,958 + 8,190$) of milk were freed from infection, which otherwise would have been tubercle infected and consumed in the city.

MICROSCOPIC EXAMINATIONS FOR TUBERCULOSIS MADE IN FOLLOWING UP POSITIVE MIXED SAMPLES, AND IN ORDINARY INSPECTION OF CITY COWS, DURING 1925.

Total Number of Samples taken from cows showing symptoms suspicious of				
	Tuberculosis of the udder	..	..	179
Do.	found Positive Microscopically	..	..	47
Do.	found Negative Microscopically	..	..	132

Of the 132 sent for the biological examination—

35 returned positive.

97 „ negative.

Thus definite results have been obtained from 179 samples of milk, and of these 82 have been proved definitely positive. Out of this 82, 47 were found microscopically, or a percentage of 57·3.

CORPORATION STUD.

During the year 245 visits were paid to examine and treat horses in Corporation stables.

MOTOR CAR SERVICE.

Motor cars were hired from the Central Motor Garage during the year at a cost of £886 13s. 8d. for $2,114\frac{3}{4}$ hours, the distance travelled being 14,491·6 miles. This represents a charge of $1/2\frac{1}{2}$ per mile or $8/4\frac{1}{2}$ per hour. In addition, taxicabs were hired at a cost of £15 6s. 9d.

PROSECUTIONS.

Act or Order under which prosecution was taken.	Nature of Offence.	Penalty imposed.
Foor-and-Mouth Disease Orders ..	Movement of Animals in contravention of Order	£4
	Do.	£4
	Licence not countersigned	£1
	Do.	£1
	Do.	Dismissed.
	Failure to notify	£10
Swine Fever (Movement) Order ..	Illegal Movement of Swine	£5
	Do.	£3
	Do.	£3
	Do.	£2
Public Health Act	Depositing Diseased Meat	£20
	Do.	£5 & £1/10/-
	Do.	Costs only.
Milk and Dairies (Amendment) Act	Selling Milk from unregistered premises ..	£1
	Do.	£1
	Do.	£1
	Do.	£1
Dairies, Cowsheds and Milkshops Order	Use of unsuitable premises	£2/10/-
Diseases of Animals Acts	Movement of Anthrax carcase	£5
Public Health (Meat) Regulation ..	Failure to notify slaughter	10/-
	Do.	10/-
	Slaughter on unlicensed premises ..	Costs only.

My thanks are due to the members of the Staff for the willing assistance they have given me in the work during the year, and also the Chief Constable and Police for the assistance they have rendered.

J. S. LLOYD, F.R.C.V.S., D.V.S.M. (Vict.),

Chief Veterinary Inspector.